

NAME OF OPERATOR	
DATE FILED	
FILE NO.	
UNIT NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERMIT OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-111
Effective 1-1-65

Operator Amerada Hess Corporation	
Address P. O. Box 591, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. Wood	Well No. 5	Pool Name, including Formation Brunson Blk.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter R : 589' Feet From The North Line and 2051' Feet From The East Line of Section 22 Township 22-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) Box 2008, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Box 1351, Midland, Texas 79701				
If well produces oil or liquids, give location of tanks.	Unit R	Sec. 22	Twp. 22-S	Rge. 37-E	Is gas actually collected? When Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of liquid oil and must be equal to or exceed top oil flowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spud, pack prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
PRODUCER COMPLIANCE VERIFIER OR
AGENT

OIL CONSERVATION COMMISSION	
APPROVED	AUG 18 1971
BY	<i>[Signature]</i> Geologist
TITLE	
This form is to be filed by compliance with RULE 3.1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a certification of the completion test from the well log or cement record and a test log.	
All returns of this form must be filed and certified for filing.	

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBES, N. H.