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Appropries District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-09 See Instructions at Retem of Pres

DISTRICT II P.O. Drawer DD, Assela, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brison Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		10 110	NIVOF	Uni Uil	- ANU NA	UHAL G						
Amerada Hess Corporat	ion .							Well API No.				
Address Corporation							30-039-21372					
Drawer D, Monument, N	ew Mey	ico 882	265									
Renoca(s) for Filing (Check proper box)	CW MEX	100 002	.03	· · · · · · · · · · · · · · · · · · ·		et (Please expl	-/-1	·				
New Well		Change is	Transer	orter of:	_	•	•					
Recompletion	Oil		Dry G		Eff	ective 7	'-1-90.					
Change is Operator	Casinghe	ed Gas	Conde									
If change of operator give same			,	<u>(1)</u>								
and address of previous operator				···				·· ··· ·				
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool N	lame, lociudi	ing Formation	·	Kind	d Lesse		ese Na		
Jicarilla Apache "F" 14 Basin D				•	•			Late, Federal or Fee Cont. 149				
Location		1	1 5 4	Jiii bak	<u>o cu</u>				Cont	. 143		
Unit LetterG	. 175	50	East E	TL N	orth Line	165	0 _		East			
Um Date:	- •		_ rea r	TOTAL LINE	Libe	and	Fe	et From The		Line		
Section 18 Townshi	p 25N	1	Range	5W	. NA	MPM.	Rio	Arriba		County		
									·····	couny		
<mark>Ш. DESIGNATION OF TRAN</mark>	SPORTI	ER OF O	IL AN	D NATU								
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Giw	e address to wi	hich approved	copy of this f	orm is to be se	ini)		
Giant Refining Co.					P. O. Box 256, Farmington, N.M. 87499							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is so be sent)					ini)		
<u>El Paso Natural Gas Co</u>			γ		P. O. Box 1492, E1							
If well produces oil or liquids, give location of tanks.					is gas actually	When	When ?					
	J G	18	25N	5W	Yes							
If this production is commingled with that	from any of	her lease or	pool, giv		ing order numb	er:						
IV. COMPLETION DATA				*	· · · · · · · · · · · · · · · · · · ·		·					
Designate Type of Completion	· (X)	Oil Well	' ! (Gas W^l)	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		1			**************************************		<u> </u>	, 	L			
Date Shoose	Date Compl. Ready to Prod.				Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Decision of the Control of t				Ton Ollows I							
Elevations (Dr., RAB, RI, OR, MC.)	Name of Producing Formation				Top Oil/Ges Pay			Tubing Depth				
Perforations					<u></u>							
								Depth Casin	g Shoe			
		HIDING	CACD	NIC AND	CTL CELETA	10 proop						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				·							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	<u> </u>				<u></u>			ļ				
	 							ļ				
	 						·	 				
V. TEST DATA AND REQUES	T FOR	ALLOW	ARLE					L				
OIL WELL (Test must be after r				oil and muss	he equal to on	exceed top allo	wahla far shia	dandh an ha d	Fam. 6.11 24 have	1		
Date First New Oil Run To Tank	Date of Te		• ,						or jui 24 now	3.)		
Date of Ita					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Presing	RES III	7 E	Chota Size				
-						· •••	.					
Actual Prod. During Test	Oil - Bbla.				Water - Bola JUN2 8 1550			₫₫ : MCF				
GAS WELL					C	1 1 1						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF Gravity of Condensate							
					Dois. Condess		Sieviny of Confedence					
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
, and the second		· (derive in)						
UL OPER LEON CERTIFIC	1	2001			·							
VI. OPERATOR CERTIFICA				ICE			CEDVA	TION	טועופוט	NR I		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my k			en moove					111111 0 ~	1000			
0 2 11 11 0					Date	Approve	d t	JUN 27	1990			
1x 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1									4			
Signature					By							
R. L. Wheeler, Jr.	Sup	v. Adm	Svc		,		045=		7			
Printed Name			Title		Title_		SUPERV	ISOR DI	STRICT ,	# 3		
6-22-90	505	393-2			''''-							
Date		Tele	phone N	o.	lŧ							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.