

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION		Well API No. 30-039-21461
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	REQUEST PERMISSION TO PRODUCE TEST.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA APACHE "C"	Well No. 2	Pool Name, Including Formation BALLARD PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. CONTRACT #13
Location Unit Letter <u>B</u> : <u>890</u> Feet From The <u>NORTH</u> Line and <u>1750</u> Feet From The <u>EAST</u> Line Section <u>27</u> Township <u>24N</u> Range <u>5W</u> , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS	P.O. BOX 1492, EL PASO, TEXAS 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					NO	

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 Res'v	Diff Res'v
		X						
Date Spudded 7/22/77	Date Compl. Ready to Prod. 11/27/90		Total Depth 6900'		P.B.T.D. 2478'			
Elevations (DF, RKB, RT, GR, etc.) 6680' GR	Name of Producing Formation PICTURED CLIFFS		Top Oil/Gas Pay 2328'		Tubing Depth 2311'			
Perforations 2328 - 2358					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	9-5/8"	365'	PREVIOUSLY RAN
7-7/8"	5-1/2"	6,899'	1650 SX
	1.9" OD	2,311'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

RECEIVED
MAR 08 1991

GAS WELL

Actual Prod. Test - MCF/D no flow	Length of Test	Bbls. Condensate/MMCF	Quality of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 500 #	Casing Pressure (Shut-in) 500 #	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature R. L. Wheeler Jr.
Printed Name R. L. WHEELER, JR. Title SUPV. ADM. SVC.
Date 3/6/91 Telephone No. 505-393-2144

OIL CONSERVATION DIVISION

Date Approved MAR 08 1991

By [Signature]
Title SUPERVISOR DISTRICT 13

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.