Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Department

Revised 1-1-39 See least-science at Bottom of Page

DISTRICT E F.O. Drawer DD, Arasia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator					Well A	n No.			
Amerada Hess Corporat	ion								
Arest	Jore Mourine 90265								
Drawer D, Monument, N			Other Other	(Please erpla	<u> </u>				
w Well	Change in Tra		Other (Please explain) Request allowable of 1,350 bbls. oil for						
completion	Oil Dr	the	the month of November, 1989 to empty						
ange in Operator		Casinghead Gas Condensate power oil t					co omp	, ,	
hance of operator give name									
address of previous operator									
DESCRIPTION OF WELL		ol Name, Includis	no Ecomotica		1 2 - 4 -	71	1	N.	
Federal "B"	1	1 Bronco Wo				Kind of Lease State, Federal or Fee		ase N a 54606	
cation		BIONEO WO	orreamp.				<u> </u>		
Unit Letter G	. 1983 F	et From TheN	orth	153	8 .	et From The	East	1.24	
Unit Detter		~ 110th 10t				a From The		Lic	
Section 11 Towns	hip 13S Ra	inge 3	88E , NN	ſΡM,	Lea			County	
DESIGNATION OF TRA	NSPODTED OF OU	AND NATTI	DAI CAS						
ame of Authorized Transporter of Oil	Or Condensate			address to wh	ich approved	copy of this form	n is to be se	nt)	
hillips Pipeline Company			Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, Odessa, Texas 79762						
ame of Authorized Transporter of Cast	inghead Gas or	Dry Gas	Address (Giw	address so wh	ich approved	copy of this form	n is to be se	N)	
well produces oil or liquids, e location of tanks.	Unit Sec. TV	is gas actually connected? When			?				
his production is commingled with the	at from any other lease or poo	l, give comming!	ing order numb	cr					
. COMPLETION DATA	Oil Well	Gas Well	New Well	Workower	Danner	Dun Back (C.	- Dariu	Diff Res'	
Designate Type of Completio	n - (X)	<u>i</u>	<u>i i</u>	WORDVEI	Deepen	Plug Back Si	rine Kes A	Dill Kes	
de Spudded	Date Compl. Ready to Pr	od.	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Top Oil/Gas Pay			Tubing Depth				
eforations						Depth Casing	Shoe		
	TUBING, CASING AND		CEMENTING RECORD						
HOLE SIZE	CASING & TUBI	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
			ļ						
			 						
TEST DATA AND REQUI	EST FOR ALLOWAB	LE							
	r recovery of total volume of		be equal to or	exceed top allo	wable for thi	s depik or be for	full 24 hou	rs.)	
ile First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	omp, gas lift, e	itc.)			
ength of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
AS WELL									
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (puot, back pr.)	Tubing Pressure (Shut-in	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFI	CATE OF COMPI	IANCE				1			
I hereby certify that the rules and rep				DIL CON	ISERV.	ATION D	IVISIO	NC	
Division have been complied with a	nd that the information given	above				HOUT	9 1000	a	
is true and complete to the best of m	y knowledge and belief.		Date	Approve	d	NOV	5 1300	3	
() 0,11	//			· .pp.046	-				
K. t. Whuler &			By_		Λ	~ ~ ~			
Signature Supy Adm Syc			By_		— Un P	g. Signed by aul Kautz	,		
R. L. Wheeler, Jr. Supv. Adm. Svc. Printed Name Title			Tial		(Geologist			
11-1-89	505 393-2		Title						
Date		one No.	1						

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.

RECEIVED

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