Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerals and Natural Resources Department

State of New Mexico

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

NICTOICT III	Santa	Fe, New Me	xico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWAB	LE AND AUTHO	RIZATION			
I.			AND NATURAL				
Operator AMERADA HESS CORPORAT	A HESS CORPORATION				Well API No. 30-025-07233		
Address DRAWER D, MONUMENT, N	IM 88265						
Reason(s) for Filing (Check proper box)			Other (Please	explain)			
New Well Recompletion Change in Operator	Change in Tran Oil X Dry Casinghead Gas Cor	•	EFFECTIVE (5/1/91			
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name L.W. WARD		ol Name, Includir BRONCO	ng Formation SILURO DEVON	•	of Lease Federal or Fee	Lease No.	
Location Unit Letter P	: Fee	et From The	AST Line and	990 Fe	et From The	SOUTH Line	
Section 11 Townshi	in 13S Rai	nge 38E	, NMPM,	LEA		County	
				URLOCK PERMI	N CORP FFF 9	-1-91	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Condensate		Address (Give address				
PERMIAN CORPORATION			P.O. BOX 118				
Name of Authorized Transporter of Casin	ighead Gas or	Dry Gas	Address (Give address	= =			
WARREN PETROLE:::' If well produces oil or liquids,	Unit Sec. Tw	p. Rge.	P.O. BOX 158				
give location of tanks.		3S 38E					
If this production is commingled with that	from any other lease or pool	, give commingli	ing order number:				
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workov	ver Deepen	Plug Back Sar	me Res'v Diff Res'v	
Designate Type of Completion			<u>i i i i i i i i i i i i i i i i i i i </u>		i i	<u> i i </u>	
Date Spudded	Date Compl. Ready to Pro	xd.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tub		Tubing Depth	abing Depth	
Perforations					Depth Casing Sl	hoe	
	TUDNIC C	A CINIC AND	CEMENTING DE	COBD	1		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
	ORGING & TODING GIZE						
							
V. TEST DATA AND REQUE						6 11 Q 4 1	
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of le	oad oil and must	Producing Method (Fla			rull 24 hours.)	
Date I like 1000 on stan 10 1 min	Date of Tex		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL			1		.1		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MM	CF	Gravity of Cond	densate	
	Po. 1		Coolean Description (Classic)		Chala Cia		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-	in)	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COMPLI	ANCE		ONSERV	VIIUN DI	IVISION	
I hereby certify that the rules and regularity Division have been complied with and				ONSERV			
is true and complete to the best of my		NOTO	Date Appr	oved	MAY 2	9 1901	
Lindy Rational	2m						
Signature CINDY ROBERTSON SR	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 5/24/91	ті 505 393-	ule -2144	Title				

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.