80, Hobbs, NM 88240

State of New Mexico Ainerals and Natural Resources Department Ener

3002504071

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RA, Aziec, NM 87410

TRICT II Drawer DD, Astocia, NM 82210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. AMERADA HESS CORPORATION

ress ·													
RAWER D, MONUMENT, NI	EW MEXI	CO 882	65		Othe	e (Pla	are explain	NEW WAT	FREL OOD	UNIT EF	FECTIVE		
sca(s) for Filing (Check proper box)		Change is	Tress	norter of:			ORDER		R-949		•		
v Well U	Oil		Dry (		ALSO.	CH	ANGE N	IAME FR.	W.A. WI	EIR B #2	T0		
age in Operator	Casingher	al Gas 🔲	•	legante	NORTH	l MC	NUMENT	G/SA U	NIT BLK	8,#6.			
underes of previous operator		<del></del>											
DESCRIPTION OF WELL	AND LE	ASE	<del>,</del>					-15:37		1 1 1	ne Na		
se Name BLK.	8	Well No.		Name, Includi				Kind of State, F	Lease ederal or Fee		inc Life		
<u>NORTH MONUMENT G/SA U</u>	NIT	6	EL	INICE MON	NUMENT G	SA							
ention	100			NIC	nn Tu		1000		l From The	WEST	Line		
Unit LetterF	_ : <u>_ 198</u>	<u> </u>	. Feet	From The	ORTH Lin	e and	1300	Fee	l From The		LIR		
Section 26 Townsh	in 198	;	Ran	<b>36E</b>	. N	мрм	LE/	<b>4</b>			County		
Section 20 Iowani	10 100			<u> </u>									
DESIGNATION OF TRAI	NSPORTI	ER OF O	IL A	ND NATU	RAL GAS				<del></del>				
me of Authorized Transporter of Oli	<b>X</b>	or Coade	n gode		Address (Giv					orm is to be ser	υ <i>)</i>		
	EXAS NEW MEXICO PIPELINE COMPANY						1670 BROADWAY, DENVER, CO 80202  Address (Give address to which approved copy of this form is to be sent)						
me of Authorized Transporter of Casi	_	$\Box$	Of I	bry Gas				TULSA. (			-,		
WARREN PETROLEUM COMP well produces all or liquids,	Unit	Sec.	Twi	a Rge				When					
location of tanks.	G	26		95 36E		,		i					
nis production is commingled with the	t from any o	ther lease or				ber:							
. COMPLETION DATA								,		·			
Designate Time of Completion	. (%)	Oil Wel	1	Gas Well	New Well	W	orkover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion to Spudded		npi. Ready (			Total Depth	1			Innan	<u> </u>	1		
Te Shrines	Date Co.	прі. кенцу і	io Piu	<b>L</b>	Total Deput				P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)	Name of	Producing F	omy	lion	Top Oil/Gas	Pay			Tubing Dep	th			
, , , , , , , , , , , , , , , , , , , ,			'										
riomilons					<u> </u>		4		Depth Casir	ng Shoe			
		TUBING	, CA	SING AND	CEMENT	ING	RECOR	D					
HOLE SIZE	<u></u>	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
		<del> </del>			<del> </del>		······································			······································			
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	<del>-  </del>	<u> </u>		<del></del>					·		· · · · · · · · · · · · · · · · · · ·		
TEST DATA AND REQUI	EST FOR	ALLOW	ABI	LE			•		<u> </u>				
IL WELL (Test must be after					st be equal to d	r exc	eed top allo	owable for thi	s depth or be	for full 24 hou	<b>v</b> s.}		
nte First New Oil Run To Tank	Date of	Test			Producing N	<b>letho</b>	d (Flow, pu	emp, gas lift,	rtc.)	· · · · · · · · · · · · · · · · · · ·			
ength of Test	<del>- </del>												
and it a	I ubing I	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bb				Water - Bb			<del></del> -	GA: MCF				
						-			O. Inci				
as well									<u> </u>	٠			
ctual Prod. Test - MCF/D	Length o	of Test		<del></del>	Bbis. Cond	ensak	MMCF		17:50:00	Condensus			
									Oravity of	CORORRORE			
sting Method (pitot, back pr.)	Tubing	Pressure (Sh	ut-in)		Casing Pres	inite (	(Shut-in)		Choke Size				
T OFFICE AND THE STATE OF THE S		····											
L OPERATOR CERTIFI	CATE C	OF COM	PLI	ANCE							<del></del> -		
I hereby certify that the rules and rep Division have been complied with a					il	Ol	r coi	<b>ISERV</b>	<b>ATION</b>	DIVISIO	NC		
as true and complete to the best of m	y knowledge	normenon g	ivem a	bove	H								
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FATK X	Sli	$\mathcal{L}(1)$									<del> </del>		
Signature ROBERT L. WILLIAMS.	10		UNI	T	By	١	JEIGINA.	i skolyzo Priciis	BY JERRY	SEXTON			
Printed Name	UK.	SUPE	SIN	ENDENT			<u>.</u>	FIRCT IS	UPERVISO	R			
1/1/92		505-	11 303	ue 1-2144	Titl								
Date				<u>-∠144</u> <b>№ No.</b>									
INSTRUCTIONS													

NSTRUCTIONS: 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 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.