DETERCT I O. Box 1980, Hobbs, NM 88240

State of New Mexico inerals and Natural Resources Department Energ

3002505667

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MSTRICT III 1000 Rio Brazzo Rá., Aziec, NM 87410

AMERADA HESS CORPORATION

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)ISTRICT II 2.O. Degwer DD, Astocia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No.

DRAWER D, MONUMENT,	NFW MEXICO 88	3265								
reson(s) for Filing (Check proper box)			Other	(Please explain	NEW WATE	RFLOOD	UNIT EFI 1494	FECTIVE		
lew Well		Transporter of:	1/1/92.	ORDER N EASE NAM	U. F & NO.			RN #4		
ecompletios	Oil U	J., J.	TO NORTH	MONUMEN	T G/SA	JNIT BLK	6, #1	1		
Change in Operator (C)	XACO EXPL. &			730, HO				-		
change of operator give name d address of previous operator										
L DESCRIPTION OF WELL	AND LEASE	Pool Name, Includin	e Cornetice		Kind of	Lease	- Le	► No.		
Lease Name BLK NORTH MONUMENT G/SA		EUNICE MO		S/SA		ederal or Fee				
Location	01111 111	2011202		···						
Unit Letter K	. 1980	. Feet From The	SOUTH Line	and19	<u>80</u> F≪	t From The _	EST	Line		
	100	275		1	.EA			County		
Section 20 Townshi	ip 19S	Range 3/E	, NM	PM, L				_ county		
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	Conde		Address (Give	address to who				nt)		
TEXAS-NEW MEXICO PII Name of Authorized Transporter of Casis					1670 BROADWAY, DENVER, CO 80202 Advances (Give address to which approved copy of this form is to be sent)					
WARREN PETROLEUM COI		ANY					OK 74102			
If well produces oil or liquids,	Unit Sec.	Unit Sec. Two Ree.			When	7				
pive location of tanks. If this production is commingled with that	1 4 20	218 37E	<u> </u>							
V. COMPLETION DATA	. If Oth ally Other Rease Of	poor, give constant	ing order name	<u></u> -	· · · · · · · · · · · · · · · · · · ·					
	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		i	<u> </u>		İ	ļ <u> </u>	<u>l</u>	_1		
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casi	ng Shoe			
	Tippic	CASNIC AND	CEL CELE	NO BECOR		<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
		Overlied Today Oill		OCT THISET		SAUNS CEMENT				
			-							
V. TEST DATA AND REQUI	EST FOR ALLOW	VABLE	<u>l</u>							
OIL WELL (Test must be after	recovery of total volum		t be equal to or	exceed top all	owable for th	is depth or be	for full 24 ho	urs.)		
Date, First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	ump, gas lift,	elc.)				
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
	ruonig recocie			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.			Gas- MCF				
CARTIELL										
GAS WELL Actual Prod. Test - MCF/D	Length of Test		- I R. I							
	Sugar or rest			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	iul-m)	Casing Pres	nure (Shut-in)		Choke Siz	<u>. </u>			
THE COMME IN THE COMME										
VL OPERATOR CERTIF	CATE OF COM	IPLIANCE		011 001						
I hereby cartify that the rules and re Division have been compiled with a	ad that the information -	da.a	11	OIL CO		_		ON		
a true and complete to the best of my knowledge and belief.			JAN 0 9 '92							
DIXI HI	1 / 1		Dat	e Approv	ed					
Signature		11017	D.,	#100 mil	مندوسين ويقال	* 1.5 mm -				
ROBERT L. WILLIAMS.	JR. SUPF	UNIT RINTENDENT	By.	<u> </u>	tal signe Cisteley	के अभिज्ञास्त्र राज्यस्य	Y SEXTON			
Printed Name 1/1/92		Title	Title	9		The state of a	(a) M			
Date		-393-2144 Telephone No.		·						

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

1) Request for allowable for newly Crilled 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.