Submit 5 Copies
Accordate District Office A), BOX 1980, Hobbs, NM 88240

State of New Mexico Eng. Minerals and Natural Resources Department

DISTRICT E
P.O. Deswer DD, Astocia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brace Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No. 3002505672 AMERADA HESS CORPORATION Address DRAWER D, MONUMENT, NEW MEXICO 88265 Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE Reason(s) for Filing (Check proper box) $\overline{1}/1/92$. ORDER NO. R-9494 Change in Transporter of: New Well CHANGE LEASE NAME & NO. FR. F.W. KUTTER NCT B #1 TO NORTH MONUMENT G/SA UNIT BLK. 7, #13. Dry Gas Recompletion Casinghood Gos Condonnio #1 TO NORTH MONUMENT G/SA UNIT BLK. THEVRON U.S.A. INC., P.O. BOX J, SECTION 724R, CONCORD, CA 94524 Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Leane No. Kind of Lease BLK. 7 Well No. Pool Name, Including Formation State, Federal or Fee B-246-/ EUNICE MONUMENT G/SA NORTH MONUMENT G/SA UNIT 13 Location WEST 660 Feet From The SOUTH Line and 660 Line Feet From The Unit Letter . LEA County 19S 37E , NMPM. 21 Towaship Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Authorized Transporter of Oil

SHELL PIPELINE CORPORATION se of Authorized Trassporter of Oil or Condensate P.O. BOX 2648, HOUSTON, TEXAS 77001 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [___] P.O. BOX 1589, TULSA, OK 74102 WARREN PETROLFUM COMPANY When? Unit Twp. Rge. 198 37E Rge. is gas actually connected? If well produces oil or liquids, 128 rive location of tanks. F If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE **SACKS CEMENT HOLE SIZE DEPTH SET** 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.) Data First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbis GAL MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensuse Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above JAN 06'92 is true and complete to the best of my knowledge and belief. Date Approved ned by

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

Signature ROBERT L. WILLIAMS. JR.

Printed Nan

Date

1/1/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

By ___

Title_

Paul Kautz

Geologist

UNIT

SUPERINTENDENT

505-393-2144

Title

Telephone No.

- 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.