Appropriate District Office DISTRICT I P.O. Bost 1980, Hot be, NM 88240

Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Asiesia, NM 82210

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

DISTRICT III 1000 Rio Brazos Rel, Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator				J111 OIL	ANU NA I	OUVE OF		DI NA			
Amerada Fess Corporation								Well API No.			
Address								30-025-05713			
Drawer D, Monument, No	ew Mexic	co 88	265								
Reason(s) for Filing (Check proper box)					X Othe	t (Please expla	in)				
New Well	•	Change is				•	•				
Recompletion	Oil		Dry Ga			Ε	FFECTIVI	E 11-01-	93		
Change in Operator	Casinghood	Gas 📗	Condes						01 30		
If change of operator give same and address of previous operator											
• •											
II. DESCRIPTION OF WELL			7		·	~					
Lease Name Blk. 1		Well No. Pool Name, Including			-					ase No.	
North Monument G/SA Unit		5 Eunice Mo			onument	G/SA	State,	te, Federal or Fee B-246-1		16-1	
г	100	0.0		N.							
Unit LetterE	:198	SU	. Feet Pr	oon The _N	orth Line	and	<u>660</u> №	et From The	West	Line	
Section 28 Township	198		D	37E		en e					
Section 28 Township 19S Range 37E NMPM, Lea County											
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate Address (Give address to					lich approved	copy of this fo	rm is to be se	ni)	
EOTT Oil Pipeline Co.								n, Texas 77210-4666			
Name of Authorized Transporter of Casing		or Dry	Cas	Address (Give address to which appr			red copy of this form is to be sent)				
<u>Warren Petroleum Compa</u>			Y		P.O. B	ox 1589,	Tulsa,	OK 7410)2		
If well produces of or liquids, give location of tancs.		Sec.	Twp	Rge.	ls gas actually	y connected?	When	7			
<u> </u>		28	198		<u> </u>		L				
If this production is commingled with that f IV. COMPLETION DATA	rom any other	r lease or	pool, giv	re comming	ing order numb	жг:					
IV. COMBELION DATA		100 80 8			Υ						
Designate Type of Completion	- (X)	Oil Well	' ' '	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	l Ready to	Prod		Total Depth		<u>.l</u>	ļ		1	
•		,						P.B.T.D.			
Elevations (DF, RA'B, RT, GR, etc.)	Name of Pr	oducing Fo	ormation		Top Oil/Gas	Pay		Tubing Depta			
	_			,			Twotag Dep		-		
Perforations	· · · · · · · · · · · · · · · · · · ·			<u> </u>			Depth Casin	g Shoe			
								1	•	·	
TUBING, CASING AN					CEMENTI	NG RECOR	D				
HOLE SIZE		ING & TI				DEPTH SET		SACKS CEMENT			
	 										
					ļ			 			
V. TEST DATA AND REQUES	TEODA	How	ADIE		1			<u> </u>			
OIL WELL (Test must be after re					. .					_	
Date First New Oil Run To Tank	Date of Tes	1	9 1000	OH WALL MULE	Producing M.	ethod (Flow, pr	owable for the	s depth or be	for full 24 hou	rs.)	
		-			i rocarcia in	salou (Friow, pr	emp, gas igi, i	ac.j			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test Oil - Bbis					Water - Bbis.			Gas- MCF			
	<u></u>				<u> </u>						
GAS WELL											
Actual Prod. Test · MCF/D	Length of T	cat			Bbis. Conder	mte/MMCF		Gravity of Condensate			
Tosting Method (pi ot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				<u> </u>						
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	NCE		211 221	10==1				
I hereby certify that the rules and regulations of the Oil Conservation						OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved DEC 0 1 1993						
0 2 15 1 1	aron Rugo as	o vener.			Date	Approve	ed DEC	01 199	33		
Ul Hill huller 4				-		4 1				······································	
Signature					By_	ORIGINA	AL SIGNED	endal VS	ervii.		
R.L. Wreeler Jr. Supv. Admin. Svc.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Title 11-22-53 505-393-2144					Title		•		P.		
Date	5(-2144 sphone !								
	to the second										

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

1) Reques: 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.