State of New Mexico E -w, Minerals and Natural Resources Departmen' --

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I<u>ICT B</u> Hewer DD, Astoda, NM 88210

DISTRICT III 1000 Rio Brizos RA., Assec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. AMERADA HESS CORPORATION 3002505723 Address DRAWER D, MONUMENT, NEW MEXICO 88265 Reason(s) for Filing (Check proper box) Other (Please explain) New Wall ge la Trassporter of Dry Cos Recompletion Oil EFFECTIVE 11-01-93. Change is Operator Casinghood Gas Condensate If change of operator give name and address of previous operator **II. DESCRIPTION OF WELL AND LEASE** BLK. 11 Well No. | Pool Name, Including Formstion Lause Name Lesse No. B-1384-2 Kind of Lease NORTH MONUMENT G/SA UNIT EUNICE MONUMENT G/SA 12 State, Federal or Fee Location __ :___660 Unit Lotter Feet From The WEST Line and 1980 Feet From The SOUTH Lipe Section 29 Township 19S Range 37E , NMPM. LEA III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

X EO Prophers Pipeline LP Address (Give address to which approved copy of this form is to be sent)

EOTT OIL DIDELLINE COMBANY

Effective Pipeline LP D. O. ROX 4666 HOUSTON TEXAS 77210-46 EOTT OIL PIPELINE COMPANY Effective 4-1-04 P.O. BOX 4666, HOUSTON, TEXAS 77210-4666 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 1589, TULSA, OK 74102 WARREN PETROLEUM COMPANY If well produces oil or liquids, give location of tanks. Unit Twp Rge. is gas actually connected? When ? 19S 37E 29 С If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Doepen Plug Back Same Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Cas Pay **Tubing Depth** l'erforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Rus To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Tost Oil - Bbls Water - Bbls Gas. MCF **GAS WELL** Actual Prod Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condenute Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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 is true and complete to the best of my knowledge and belief. NOV 18 1933

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

Signature

Deta

Printed Name

TERRY

11-01-93

HARVEY

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

Title_

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(505)

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.

ASSISTANT

393-2144

Title