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Office Appropriate Description DISTRICT |
P.O. Bost 1980, Hobbs, NM 88240 DISTRICT R. P.O. Drawer DD, Ameda, NM 88210

State of New Mexico Er v, Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos RA., Astec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

pendar					Men V	ri No.			
AMERADA HESS CORF	PORATION					300	2505726		
Sdreet								-	
DRAWER D. MONUMEN	NT, NEW MEXICO	88265							
asca(s) for Filing (Check proper bo	z)		X Other (P	leave expla	úr.)				
rw Well	₹.	in Transporter of:							
completice 🔲	ou [Dry Clas	EF	FECTI	VE 11-01	- 93.			
sange in Operator	Casinghead Gas	Condensate .							
change of operator give same d address of previous operator									
DESCRIPTION OF WE	I AND I FACE								
AME NAME	ing Formation	Kind o	Lease Lease No.						
1					Federal or Fee B-1962-1				
ocation	<u> </u>								
N	. 660	Feet From The	SOUTH times	1 9	980 -	et From The	WEST	Line	
Unit LotterIV	·	real from the	Libe to	a		arioni inc			
Section 29 Ton	ruship 19S	Range 37E	, NMPN	4,	1	_EA		County	
. DESIGNATION OF TR			RAL GAS		 				
me of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent)						
EOTT OIL PIPELINE COMPANY			P.O. BOX 4666, HOUSTON, TEXA						
Name of Authorized Transporter of Casinghead Gas								nt)	
WARREN PETROLEUM				P.O. BOX 1589, TULSA, C					
wall produces oil or liquids, a location of tanks.	Unit Sec.	• • •	. Is gas actually co	anected?	When	7			
	C 29		<u> </u>						
his production is commingled with '. COMPLETION DATA	UME TOTAL RELY OUTSET 108.80	: or poor to se comming	hing order mimber:						
	Ou v	Well Gas Well	New Well W	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complete	tion - (X)	i	. j j		İ			<u> </u>	
nte Spudded	Date Compl. Read	ly to Prod.	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of		of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
erforations				Depth Casing Shoe					
2101200						Depth Casing	3 2 Poe		
	TIDA	IC CACINIC AND	CT) (T) IT	, proor		<u>!</u>			
LICI E BIZE				CEMENTING RECORD			T		
HOLE SIZE	CASING	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
			_			ļ			
						 			
									
. TEST DATA AND REQ	UEST FOR ALLO	WABLE				<u> </u>			
-	ther recovery of total volu		st be equal to or ex	ceed top al	lowable for th	is depth or be 1	or full 24 hou	#1.}	
hate First New Oil Rus To Tank Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
,				•	- ·				
ength of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
				İ					
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.		Water - Bbis.			Gas- MCF		
		*				1			
GAS WELL									
Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Shut-in)		Casing Pressure (Shui-in)			Choke Size		
			ļ						
L OPERATOR CERTI	FICATE OF CO	MPLIANCE	11			~ 			
I hereby certify that the rules and	regulations of the Oil Co	onservation	OI	L CO	NSERV	ATION	DIVISION	NC	
Division have been complied with	and that the information	given above			· • •			- · ▼	
is true and complete to the best of	my knowledge and beli-	ේ .	Date 4	Annrow	od	-			
<i>Y-1</i>			Date	-hhi ov	- 1	OV 18 1	933	· · · · · · · · · · · · · · · · · · ·	
Lexin	7 Mari	CY 1	- []						
				- W. C. H.	CONTRACTOR	BY JERRY	SEXTON		
Signature TRODY UAI	DVEV / CTÉ-	10010	By		DICTOLCT	CHDEDVACA	71		
TERRY L. HAI	RVEY STAFF	ASSISTANT				SUPERVISO			
Signature TERRY L. HAI Printed Name 11-01-93		Title				SUPERVISO			
TERRY L. HAI									

INSTRUCTIONS: 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 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.