

INSTRUCT II
 O. Drawer DD, Azusa, NM 88210

OIL CONSERVATION DIVISION

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

INSTRUCT III
 000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

Sponsor: AMERADA HESS CORPORATION
 Well API No.: 3002505751
 Address: DRAWER D, MONUMENT, NEW MEXICO 88265
 Reason(s) for Filing (Check proper box):
 New Well ☐ Change in Transporter of: ☐ Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494
 Recompletion ☐ Oil ☐ Dry Gas ☐ CHANGE LEASE NAME & NO. FR. STATE E #3
 Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ TO NORTH MONUMENT G/SA UNIT BLK. 10, #12.
 (Change of operator give name and address of previous operator) OXY USA, INC., P.O. BOX 50250, MIDLAND, TEXAS 79710

I. DESCRIPTION OF WELL AND LEASE:
 Lease Name: BLK. 10 NORTH MONUMENT G/SA UNIT
 Well No.: 12
 Pool Name, including Formation: EUNICE MONUMENT G/SA
 Kind of Lease: State, Federal or Fee
 Lease No.: B-1481-15
 Location: Unit Letter L, 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line
 Section 30 Township 19S Range 37E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): 1670 BROADWAY, DENVER, CO 80202
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): P.O. BOX 1589, TULSA, OK 74102
 If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rge. Is gas actually connected? When?

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
 Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Ele. (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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.)
 Date 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 - Bbls. Gas - MCF

GAS WELL
 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
 Signature: ROBERT L. WILLIAMS, JR. SUPERINTENDENT
 Printed Name: 1/1/92
 Date: 505-393-2144 Telephone No.

OIL CONSERVATION DIVISION
 Date Approved: JAN 02 '92
 By: _____
 Title: _____

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.