Submit 5 Copies
Appropriate District Office
DISTRICT I
F.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Asseds, NM 88210

State of New Mexico Enc. sy, Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT HI 1000 Rio Brass Rd., Aniec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Santa Fe, New Mexico 87504-2088

	<u> </u>	TRAN	SPUF	11 OIL A	MUNATU	ITAL GAS	Well AP		/		
AMERADA HESS CORPORATION							3002505758				
irees		000/	6.5								
DRAWER D, MONUMENT, N	EM WFXICO	8826	05		X Other	Please explain	NEW WA	TERFLOOD	UNIT E	FFECTIV	
nson(s) for Filing (Check proper box) w Well Change in Transporter of:						/02 NR	DER NO.	R-	.9494		
completice Oil Upy Ges					ALS	o, CHANG TH MONUM	E NAME	FR. B.V. A HNIT F	. LULP# N.K. 15	#15	
age is Operator	Caningheed Go	<u> </u>	cedeam	₩ <u>U</u>	NOR	TH MONOM	ENI G/S	A UNIT E	DLK. 1Jg	#1J•	
nege of operator give same address of previous operator											
DESCRIPTION OF WELL AND LEASE					<u> </u>		Kind of Lesse		ne Na		
BLK.	15 Well No. Pool Name, Including				'C /\		State, Federal or Fee		e i va		
NORTH MONUMENT G/SA U	INII I	15	EUN	ICE MOI	NUMENT G/	38					
cation	. 330		last Fore	n The SC	OUTH Line	2310	Fee	t From The _	EAST	Line	
Unit Letter	- i	·	00.110.			1.1				County	
Section 31 Townshi	<u>198</u>		Cange	37E	, NM	PM, L.	<u>- </u>			Coding	
. DESIGNATION OF TRAN	SPORTER	OF OII	LAND	NATUE	RAL GAS						
arms of Authorized Transporter of Oil	_ <u>₩</u>	Condense	100		Address (GIM						
SHELL PIPELINE COMPAN	deed Gee		or Dry C	<u> </u>	Address (Give	30X 2648 address to wh	ch approved	copy of this fo	mm is to be se	nu)	
WARREN PETROLEUM CORI	•	' لما	J. D.,		P.O.	BOX 1589			4102		
wall produces oil or liquids,		ec.	Twp.	•	is gas actually		When	7			
e location of tanks.	1_0	_33	195	37F_	YE						
this production is commingled with that 7. COMPLETION DATA	from any other	terns or h	ooi, givi	e constant	ing Older Bullio	···					
		Oil Well	G	las Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Designate Type of Completion	- (X) Date Compl.	Banda ta	┵		Total Depth			P.B.T.D.	<u> </u>		
ate Spudded	Date Compt.	Realy 10	riod.					(.B. 1.5.			
levations (DF, RKB, RT, GR, etc.)	Name of Pro	ame of Producing Formation				Top Oil/Gas Pay		Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
entoracions								Departure	ilg Siloc		
	π	JBING.	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<u> </u>			
	- -		 -		 			- 			
. TEST DATA AND REQUI											
OIL WELL (Test must be after Date First New Oil Rus To Task	Date of Test		of load	oil and mus		exceed top all ethod (Flow, p			e for full 24 M	ners.)	
					I rounding ive	culos (r low, p		-10.7			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Siz	ē		
ual Prod. During Test Oil - Bbis.		····	Water - Bbis.			- Gii- MCF					
_											
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of T	cet			Bbis. Conde	nute/MMCF		Cravity of	Condensate		
Testing Method (pitot, back pr.)	Tubine Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
On a comment of the second of									Choke Size		
VL OPERATOR CERTIF	CATE OF	COMI	PLIA	NCE	-						
I hereby certify that the rules and re-	existings of the	Oil Conse			1	OIL CO	NSER \	ATION	1 DIVIS	ION	
م بأنارت المالميسيين وفق 1946 Harris .	nd that the infor	mation gived belief	ves abov	ve .							
Division have been complied with a is true and complete to the best of n	-1				Dat	e Approv	ed 🚃		991		
is true and complete to the best of n	. () /	(/					17 % (\$)	EARLOW R		
to the and complete to the best of n			()	Λ	11		•				
Signature	ناك	CHDEE	ŲNĮT	A	11		7			**************************************	
Signature RÜBERT L. WILLIAMS. Printed Name	ناك	SUPER	UNIT INIE Tiue	△ <u> </u>	Ву			.d 2 1		2003	
Signature ROBERT L. WILLIAMS.	ناك	SUPER 505-	INTE	2144	11			A 2 1		MON	

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
- 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.