

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION	Well API No. 3002505871
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) EFFECTIVE 11-01-93.	
Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE				
Well Name NORTH MONUMENT G/SA UNIT	BLK. 23	Well No. 5	Pool Name, Including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee
Lease No.				
Location Unh. Letter E : 1650 Feet From The NORTH Line and 330 Feet From The WEST Line Section 3 Township 20S Range 37E, NMFM, LEA County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ EOTC Pipeline Co. Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FT. WORTH, TEXAS 76102				
Well produces oil or liquids, or location of tanks.	Unit D	Sec. 3	Twp. 20S	Rge. 37E
Is gas actually connected? YES When?				
This production is commingled with that from any other lease or pool, give commingling order number:				

V. COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Deviations (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	

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 Terry L. Harvey
Printed Name TERRY L. HARVEY Title STAFF ASSISTANT
Date 11-03-93 Telephone No. (505) 393-2144

OIL CONSERVATION DIVISION

Date Approved NOV 18 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

DISTRICT II
O. Drawer DD, Azusa, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
000 Rio Grande Rd., Aztec, NM 87410

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Change in Operator ☐	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

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Location Unit Letter E 1650 Feet From The NORTH Line and 330 Feet From The WEST Line Section 3 Township 20S Range 37E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate EOTT OIL PIPELINE COMPANY Energy Corp	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ SID RICHARDSON	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FT. WORTH, TEXAS 76102
If well produces oil or liquids, give location of tanks.	Unit D Sec. 3 Twp. 20S Rge. 37E
Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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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.)

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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
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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 Terry L. Harvey
Printed Name **TERRY L. HARVEY** Title **STAFF ASSISTANT**
Date **11-03-93** Telephone No. **(505) 393-2144**

OIL CONSERVATION DIVISION

Date Approved **NOV 18 1993**

By [Signature]
[Signature] SUPERVISOR

Title

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