

Submitt 3 Copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1900, Hobbs, NM 88240
DISTRICT II
 P.O. Drawer DD, Azusa, NM 88210
DISTRICT III
 1000 Rio Blanco R.L., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR INFORMATION

Operator AMERADA HESS CORPORATION	Well API No. 3002505882
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator	<input checked="" type="checkbox"/> Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> EFFECTIVE 11-01-93.
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTH MONUMENT G/SA UNIT	BLK. 23	Well No. 4	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D 813 Feet From The NORTH Line and 330 Feet From The WEST Line Section 3 Township 20S Range 37E, NM17M, LEA County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT OIL PIPELINE COMPANY	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 D	Sec. 3	Twp. 20S	Rge. 37E	Is gas actually connected? YES	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (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 Rtn 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/M/MCF	Gravity of Condensate
Testing Method (prior, 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 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 SUPERVISOR

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.

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

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

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator AMERADA HESS CORPORATION		Well API No. 3002505882
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 ALSO, CHANGE NAME FR. J.W. COOPER F #4 TO NORTH MONUMENT G/SA UNIT BLK. 23, #4.
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLK. 23 NORTH MONUMENT G/SA UNIT	Well No. 4	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter D	: 813	Feet From The NORTH	Line and 330	Feet From The WEST
Section 3	Towship 20S	Range 37E	, NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> SHELL PIPELINE CORPORATION	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2648, HOUSTON, TEXAS 77252
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> WARREN PETROLEUM CORPORATION	or Dry Gas <input type="checkbox"/>	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 D	Sec. 3
	Twp. 20S	Rge. 37E
	Is gas actually connected? YES	When?

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

IV. 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.		
Elevations (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.)

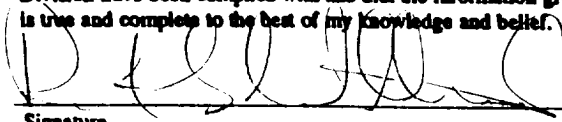
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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 _____
 By _____
 Title _____

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

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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

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

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 P.O. Drawer DD, Azusa, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator AMERADA HESS CORPORATION	Well APN No. 30-025-05882
Address Drawer D, Monument, New Mexico -8265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	AMERADA HESS CORPORATION PHYSICALLY TOOK OVER OPERATION 9/27/89
If change of operator give name and address of previous operator BYROM Oil Co., P.O. Box 147, Hobbs, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.W. Cooper "F"	Well No. 4	Pool Name, including Formation EUNICE Monument Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>D</u> : <u>813</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>20S</u> Range <u>37E</u> , <u>NMPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>3</u> Twp. <u>20S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (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		

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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.

Sam Small
 Signature
 Sam Small District Superintendent
 Printed Name
 October 4, 1989 (505) 393-2144
 Date Telephone No.

OIL CONSERVATION DIVISION

OCT 6 1989

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

Title _____

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