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

Sum of New Medical Departmenter of New Medical Departmenter

Farm C-104
Revised 1-1-99
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	10) IHAN	SPU	RIOLA	IND INAT	UNAL GAS	Wall A	PI No.			
MEDADA UECC CODDODATI	CON							300252408	31		
AMERADA HESS CORPORATI	.UN	· · · · · · · · · · · · · · · · · · ·				<u> </u>	1				
ress DRAWER D, MONUMENT, NE	-W MFXI(0 882	65								
son(s) for Filing (Check proper box)					Other			TERFLOOD		FECTIVE	
v Well	C	hange in Tr			1/1		DER NO.	R-9		D #2V	
completion	Oil		ry Gas		CHA	NGE LEASE	: NAME	& NO. FR.	COUPER	D # Z T	
ange in Operator	Casinghead		ondens					G/SA UNIT AS 77001			
address of previous operator	LL WEST	ERN E&P	INC	C., P.O.	BOX 57	6, HOUSTO	JN, IEX	AS 77001	-0370		
	AND TEA	CE									
DESCRIPTION OF WELL AND LEASE BLK. 22 Well No. Pool Name, Including					Formation			Kind of Lease		Lease No.	
	44	4 V			NUMENT G	G/SA	State,	Federal or Fee	<u> </u>		
NORTH MONUMENT G/SA U	<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>							
Unit Letter D	-660	990	eat Fre	om The NO	RTH Line	and6	<u>60 </u>	et From The	WEST	Line	
Unit Leder										County	
Section 4 Township	20S	1	Range	37E	, NA	MPM,	EA			County	
				P. B. L. 1771 IV	AT CAS						
. DESIGNATION OF TRAN		or Condens	L AN	DINATUR	Address (Giv	e address to wh	ich approve	d copy of this for	m is to be ser	u)	
ame of Authorized Transporter of Oil		0, 0020-2-		ا لا	РΛ	ROX 2648	. HOUS	TON TEXAS	77001	L	
SHELL PIPFLINE CORPOR ame of Authorized Transporter of Casing	Ohead Gas	\square	or Dry	Gas 🗍	Address (Giv	e address to wh	ich approve	d copy of this for	m is to be ser	u)	
WARREN PETROLEUM COMP		سبب	•		P.O.			A, OK 74	102		
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	ly connected?	Whe	n 7			
ve location of tanks.	<u>i</u> _l	1		_L							
this production is commingled with that	from any oth	er lease or p	ool, gi	ve commingi	ing order min	ber:					
V. COMPLETION DATA		·		G . W. U	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	ł	Gas Well	I HEM HEIL	Worker	l Dupus	1		<u>i </u>	
		pl. Ready to	Prod.		Total Depth	. I		P.B.T.D.			
ate Spudded	J				ļ						
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmatio	0	Top Oil/Gas	Pay		Tubing Depth			
PICARROWS INC. LANCE LANCE AND ADDRESS OF THE PERSONS INC.					<u> </u>			Depth Casing Shoe			
erforations								Depui Casin	g snoe		
					CEMENTING RECORD				SACKS CEMENT		
HOLE SIZE	CA	ISING & TU	JBING	SIZE	 	DEPTH SET	!		<u> </u>		
					 						
					·						
V. TEST DATA AND REQUI	EST FOR	ALLOW	ABL	Ē	_k						
OIL WELL (Test must be after	recovery of	total volume	of loa	d oil and mu	s be equal to	or exceed top a	Howable for	this depth or be	for full 24 ho	NGS.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
					Casing Pressure Choke Size						
Length of Test	Tubing P	Tubing Pressure				Casing Pleasure					
					Water - Bbis.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbl	5 .						ļ			
GAS WELL	Length o	4 Τ			Bhis Con	densate/MMCF		Gravity of	Condensus		
Actual Prod. Test - MCF/D	Lengui	A ICAL									
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Siz	Choke Size		
1 certain tatement (banes over be A		•	-								
VI. OPERATOR CERTIF	ICATE C	OF COM	PI I	ANCE						ION	
I hereby certify that the rules and re	gulations of t	he Oil Cons	ervatio	a		OIL CC	NSEF	RVATION	אוטוי	IUN	
Division have been complied with a	and that the in	formation g	iven 🖈	oove				1881 0 0	ניםי		
is true and complete to the best of t	py knowledge	and belief.			Da	ate Approv	ved	JAN 09	74		
	(<i>. j.</i>	()				1 1					
ATT XXX	<u>حب ک</u>	> h	UNIT		By	VORIGII	NAL SIGN	IED BY JERE!	SEXTON		
Signature ROBERT L. WILLIAMS,	JR.	SUPF	RINT	ENDENT	-			r i supervis			
Printed Name	<u> </u>	OUI L	Tit		Ti	itle					
1/1/92				2144	. ''			· · · · · · · · · · · · · · · · · · ·			
Date			elepho		11						

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.