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

Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astonia, NM \$8210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						· OI II LE CI	Wall	M No.			
Amerada Hess Corporat	30-025-03999										
Address								30-023	-03999		
Drawer D, Monument, No	ew Mexi	co 88	265							I	
Reason(s) for Filing (Check proper box)					X Oth	et (Please expla	zir)				
New Well		Change in			_	·	·				
Recompletion 📙	Oil	\square	Dry C	344 🔲		F	EFFCTIVI	11-01-	Q Z	ļ	
Change in Operator	Casinghee	d Gas 🔲	Cond	seaste 🔲		_	125/1	TAI	odn S	2-1-97	
If change of operator give name and address of previous operator							000	<u> </u>	MAD C		
•											
II. DESCRIPTION OF WELL											
Lease Name Blk. 4		Well No. Pool Name, Including			ng Formation		Kind	Kind of Lease		Lease No.	
North Monument G/SA Unit		4 Eunice Mo			onument	G/SA	State,	State, Federal or Fee		B-1327-1	
Location							*****			<u> </u>	
Unit LetterP	<u>:6</u>	60	Peet 1	From The So	outh Lin	e and	660 🛌	et From The	East	Line	
10								writen the			
Section 13 Township	<u>198</u>		Rang	• 36E	, N	MPM,		.ea_		County	
in beginkimok op en Ak	25 0 5 5 5										
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		ROFO	LA	ND NATU	RAL GAS		· · · · · · · · · · · · · · · · · · ·				
Name of Authorized Transporter of Oil EOTT Oil 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 X or Dry Gas Warren Petroleum Company								copy of this form is to be sent)			
If well produces oil or liquide,	Unit	6			P.O. B	ox 1589,)2		
give location of tanks.	10	Sec. 19	Twp. 19S		is gas actual	y connected?	When	7		l	
If this production is commingled with that t		_=			<u> </u>						
IV. COMPLETION DATA	tota any ou	DEL NOS SES OF	poor, (nae communita	ing other britti	ber:					
		Oil Well		Gas Well	M 13/	1			1		
Designate Type of Completion	- (X)	I ON WELL	- 1	OU WELL	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod	****	Total Depth	1	<u> </u>	10000	<u> </u>		
•		,						P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	ormatic	ne)	Top Oil/Gas Pay			Tubing Depth			
·											
Perforations					L			Depth Casin	e Shoe		
								1	5 0	· 1	
TUBING CASING AND					CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					<u> </u>			SACAS CEMENT			
								 	··		

V. TEST DATA AND REQUES								.1			
OIL WELL (Test must be after n	ecovery of u	otal volume	of load	d oil and must	be equal to o	exceed top all	owable for the	s depth or be	for full 24 hou	F3.)	
Date First New Oil Run To Tank	Date of Te	e a			Producing M	ethod (Flow, p	ump, gas lift,	HC.)		7	
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test											
rectail Flor. During Test	Oil - Bbis.	•			Water - Bbit	•		Gas- MCF			
	<u>L</u>				<u> </u>			<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Test		· · · · · · · · · · · · · · · · · · ·	Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pr	ibing Pressure (Shut-m)				ure (Shut-in)	· · · · · · · · · · · · · · · · · · ·	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COME	ALI	NCF				J	······································		
I hereby certify that the rules and regula	ations of the	Oil Conses				OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information gives about					Date Approved DEC 01 1993						
is true and complete to the best of my knowledge and belief.					Dot		JOEC DEC	01 199	33		
(1) 01/1/1/1					Dal	a whblore	30		······································		
K While &						By ORIGINAL SIGNED BY JERRY SEXTON					
R.L. Wheeler Jr. Supv. Admin. Svc.					By_	ORIGINAL NE	TRICT ISU	ENVISOR			
Printed Name						•	18101130				
11-22-93 505-393-2144					Title						
Date			phose	No.							
Committee of the commit	4.13					Carrent Control	New York Control of the Control of t				

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

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.