

OIL CONSERVATION DIVISION

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

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

DISTRICT III
 P.O. Rio Brazos RA., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|------------------------------|
| Operator AMERADA HESS CORPORATION | Well API No. 3002504057 ✓ |
| Address DRAWER D, MONUMENT, NEW MEXICO 88265 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 ALSO, CHANGE NAME FR. W.A. WEIR A #1 TO NORTH MONUMENT G/SA UNIT BLK. 9, #12. | |
| Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate | |
| Change of operator give name and address of previous operator | |

| DESCRIPTION OF WELL AND LEASE | | | | |
|--|--------------|----------------|--|--|
| Well Name NORTH MONUMENT G/SA UNIT | BLK. 9 12 | Well No. 12 | Pool Name, including Formation EUNICE MONUMENT G/SA | Kind of Lease State, Federal or Fee |
| Lease No. | | | | |
| Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>WEST</u> Line and <u>1980</u> Feet From The <u>SOUTH</u> Line Section <u>25</u> Township <u>19S</u> Range <u>36E</u> , <u>NMPM</u> , <u>LEA</u> County | | | | |

| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
|---|-------------------------------------|---|--|------|----------------------------------|
| Name of Authorized Transporter of Oil SCURLOCK PERMIAN CORPORATION | <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 4648, HOUSTON, TEXAS 77210-4648 | | |
| Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM COMPANY | <input 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 | | |
| Does well produce oil or liquids, and location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? When? |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | |

| COMPLETION DATA | | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|----------|-------------------|--------------|--------|-----------|------------|------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Is Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Conditions (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| | | | | Depth Casing Shoe | | | | | |

| TUBING, CASING AND CEMENTING RECORD | | | |
|-------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |

| TEST DATA AND REQUEST FOR ALLOWABLE | | | |
|---|---------------------------|---|-----------------------|
| NEW 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 of 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 |
| Total Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| OLD WELL | | | |
| Total Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Cementing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

| 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. Printed Name 1/1/92 Date | UNIT SUPERINTENDENT Title 505-393-2144 Telephone No. |

| OIL CONSERVATION DIVISION | |
|---------------------------|--|
| Date Approved | 1/1/99 |
| 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.