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NEW DD, Assesia, NM 88210

State of New Mexico Energ linerals and Natural Resources Department Form C-104 Revised 1-1-99

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

RICT III Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ior			* 		Well API		_		
MERADA HESS CORPORAT			<u> 3</u>	002505623					
RAWER D, MONUMENT, N m(s) for Filing (Check proper box)	EW MEXICO 88	3265		ease explain)		ERFLOOD	UNIT EF	FECTIVE	
Mell	Change it	1/1/9	1/1/92. ORDER NO. R-9494						
mpletice	ALSO, CHANGE NAME FR. STATE G #1 TO NORTH MONUMENT G/SA UNIT BLK. 2, #13.								
ge in Operator	Casingheed Gas	Condensate	NORTH	1 MUNUME	NI 6/5A	UNII BL	K. Z, 1	13.	
nge of operator give same									
DESCRIPTION OF WELL	AND LEASE								
Name BLK.	2 Well No. Pool Name, Including		ng Formation		Kind of		Lease No.		
IORTH MONUMENT G/SA U			NUMENT G/SA		State, Fe	State, Federal or Fee B-1382		32 -4	
tion				660		1.	ILCI		
Unit Letter	_ :660	_ Feet From The	OUTH Line and	660	Feet	From The		Line	
Section 18 Townshi	1 9S	Bases 37E	, NMPM	154				County	
Section 18 Townshi	P 130	Range 37L	, INIAELIA	<u> </u>					
DESIGNATION OF TRAN			RAL GAS	Ace to which	annud c	any of this for	n is to be sen	u)	
of Authorized Transporter of Oil X or Condensate			Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2648, HOUSTON, TEXAS 77001						
of Authorized Transporter of Casin		or Dry Gas	Address (Give ad				n is to be ser	u)	
WARREN PETROLEUM COMF	_		P.O. BO	X 1589,	TULSA,	OK 7410			
ell produces oil or liquids,	Unit Sec.	Twp. Rge. 195 37E	is gas actually co	nnected?	When 7	•			
location of tanks.	78	195 37E	lee seles auchan						
production is commingled with that COMPLETION DATA	ITOTE MEN CURET 10450 C	a hoor inas commins	ाम्बु जावदा स्थानाव्दाः						
	Oil We	ell Gas Well	New Well W	/orkover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	<u> </u>	i	<u>ii.</u>]			<u> </u>	
Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.			
rations (DF, RKB, RT, GR, etc.)	Name of Producing	Enematica	Top Oil/Cas Pay			Tubing Danih			
ations (DF, RKB, RT, GR, etc.) Name of Producing Formation			104 0.11 0.11 1.5,			Tubing Depth			
orations			<u> </u>			Depth Casing	Shoe		
			 	• • • • • • • • • • • • • • • • • • • 					
TUBING, CASING AND			 			-			
HOLE SIZE	CASING &	CASING & TUBING SIZE		EPTH SET		S	ACKS CEM	ENT	
						l			
4554 K 141 1116 K5505	7 F F S F T T S I								
TEST DATA AND REQUE L WELL (Test must be after									
a First New Oil Run To Tank	The state of the s			be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
	Date of Tex		Producing Meth	rosaciag Medica (Flow, pierip, gas 191, e					
igth of Test	Tubing Pressure		Casing Pressure			Choke Size			
hual Prod. During Test	- 011 - 511	Oil - Bbls.							
The same same	Oil - Bols.		Water - Bbis.			Gai- MCF			
AS WELL		·····	<u> </u>			<u> </u>			
nual Prod. Test - MCF/D	Length of Test		Rble Condense	-ARIPE		· † 24:22			
		,		Bbis. Condensate/MMCF			Gravity of Condensate		
ting Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Caling Pressure	(Shut-in)		Choke Size			
Open				•					
OPERATOR CERTIFIC	CATE OF CON	IPLIANCE							
I hereby certify that the rules and reg Division have been complied with an integer and complete to the base of	ulations of the Oil Con	servation .		IL CON	SERV	ATION I	DIVISIO	ON	
is true and complete to the best of my									
(1/1) (1/1) (1/1)			Date /	Approved	i		DE U		
the VI	Und 1.			: :					
Signature ROBERT L. WILLIAMS	1D 211-	UNIT	By	<u>Cricing</u>	i wswi	137 H 97	MCTKE		
Printed Name	SUPE	RINTENDENT		<u>- 54</u>	CHESTI	SVENT VIDO	2		
1/1/92 Data	505	-393-2144	Title_						
		Telephone No.							
INSTRUCTIONS: This fo	rm is to be still	J) JJO E2							

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.