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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico En y, Minerals and Natural Resources Departmen

## **OIL CONSERVATION DIVISION**

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

DISTRICT III | 1000 Rio Brazos R4., Aziec, NM 87410

DISTRICT R P.O. Drawer DD, Asteola, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TO AMEDIODE ON AMB MATHEMAN

Operator		IO IN	1140		71 OIL	VIAD	NAI	UNAL	<u> </u>					
AMERADA HESS CORPORAT	TON									Well A		coc		
AMERADA NESS CURPURAT						3002505626								
DRAWER D, MONUMENT, N	EW MEXI	100 88	3269	5									į	
Reason(s) for Filing (Check proper box)					<del></del>	П	Other	(Please e	wlain	NEW WA	TERFLOOD	UNIT E	FFECTIVE	
New Well		Change in	Tras	aporte	of:	$1/\overline{1}/\overline{1}$		ORDER			-9494		•	
Recompletion	Oii		-	Gas							FR. F.W			
Change in Operator	_	d Ges 🔲		denm	<u>*                                    </u>	#2 T	0 NO	RTH MO	MUM	ENT G/	SA UNIT	BLK. 2,	<b>#7.</b>	
If change of operator give name CHEV	RON U.S	S.A. IN	VC.	<b>,</b> P	.o. BC	ΙΧ J,	SEC	TION 7	24R	, CONC	ORD, CA	94524		
II. DESCRIPTION OF WELL	ANDIE	A C E												
Lease Name BLK.		Well No.	Poo	Nan	ne, Includi	ne Form	ation			Kind	af Lease	<u> </u>	mase No.	
NORTH MONUMENT G/SA UNIT 7 EUNI					•	ONUMENT G/SA					Federal or Fe	. !	06 ~ /	
Location												.1		
Unit LetterG	. <u>1980</u>	)	Fed	t Proc	n The	IORTH	_ Line	and	198	<u>0</u> Fe	et From The .	EAST	Line	
Section 18 Township	<b>)</b> 199	2			37E					۸				
Section 10 (Owner)	1 1 3		Ran	16	3/L	<del></del>	, NM	ГРМ,	<u>LE</u>	Α	··		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	IND	NATU	RAL (	GAS							
Name of Authorized Transporter of Oil	( <del>X</del> )	or Conde	Booke		$\exists$						copy of this f		ini)	
SHELL PIPELINE CORPOR  Name of Authorized Transporter of Casing						P.O. BOX 2648, HOUS								
WARREN PETROLEUM COMP			Of I	or Dry Gas		P.O. BOX 1589, TU			h approved copy of this form is to t			ent)		
If well produces oil or liquids,	Unit	Sec.	Tw	<u> </u>	Rge.			connected		When				
rive location of tanks.	F	18	1/9	25	37E		•			i				
If this production is commingled with that it IV. COMPLETION DATA	from any oth	er lease or	pool,	, give	comming	ling orde	er aurmb	<b>ж</b> т:						
IV. COMPLETION DATA		Oil Well		0	s Well	New	Well	TV- t		-	r == - :	γ <del></del>	- <del>                                     </del>	
Designate Type of Completion	- (X)	1	•	٠ ١	IS WEIL	i ivew	WEII	Workove	r j	Deepen	I LINE ROCK	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready t	o Pro	d.		Total	Depth			<del></del>	P.B.T.D.	l		
Elementer (DE DEB DE CB)					<del> </del>	A II A								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Dep	th			
Perforations						1					Depth Casing Shoe			
											Depui Casi	all once		
	7	<b>TUBING</b>	, CA	SIN	G AND	CEMI	ENTI	NG REC	ORE	)				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET					Ī	SACKS CEN	MENT	
	<del> </del>					ļ								
	<del> </del>					<b> </b>		<del></del>						
	<del> </del>				······	-		<del></del>						
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABI	LE		<del></del>				<del></del>				
OIL WELL (Test must be after to Date First New Oil Rua To Tank	ecovery of to	otal volume	of la	ad oi	l and mus	be equ	al to or	exceed top	allox	vable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil King 10 1888	To Tank Date of Test						Producing Method (Flow, pump, gas lift, et					<del> </del>		
Length of Test	Tubing Pressure					Casing Pressure					Choke Size	·····		
						Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.					Water - Bbls.				Gas- MCF			
GAO TIPLE	1	<del></del>				<u> </u>								
GAS WELL Actual Prod. Test - MCF/D	11											•••	,	
The Inching	Length of Test					Bbis. Condensate/MMCF					Gravity of	Condensus		
Testing Method (pitot, back pr.)	Tubing Pri	Tubing Pressure (Shut-in)												
						Casing Pressure (Shut-in)					Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	PI I	ΔNI	CE	┧┌──				<del></del>				
I DCTODY COTUITY that the rules and manufactures and the come							C	OIL C	ON	SERV	ATION	DIVISIO	)N	
Division have been complied with and that the information given above is true and complete to the heat of my knowledge and belief.											A	03'92	<b>J</b> 14	
and better.						Date Approved						V 9 9Z		
	W_(	1									<del></del>	· · · · · · · · · · · · · · · · · · ·		
Signature ROBERT L. WILLIAMS ID SUBSECTION							By Average Medical Control Person							
Printed Name						AND AND THE PROPERTY OF								
1/1/92		505-	Tit	le			Title							
Date				= No		11								
						FI								

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.