

OIL CONSERVATION DIVISION

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

DISTRICT II
Drawer DD, Aztec, NM 88210

DISTRICT III
Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION		Well API No. 3002505632
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE
<input type="checkbox"/> New Well <input type="checkbox"/> Completion <input checked="" type="checkbox"/> Change in Operator Change of operator give name & address of previous operator	Changes in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	1/1/92. ORDER NO. R-9494 CHANGE LEASE NAME & NO. FR. C.J. SAUNDERS FED. #1 TO NORTH MONUMENT G/SA UNIT BLK. 2, #14. TEXACO EXPL. & PROD. INC., P.O. BOX 730, HOBBS, NM 88240

DESCRIPTION OF WELL AND LEASE				
Well Name NORTH MONUMENT G/SA UNIT	BLK. 2	Well No. 14	Pool Name, including Formation EUNICE MONUMENT G/SA	Lease No. LC034075
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>18</u> Township <u>19S</u> Range <u>37E</u> , NMPM, LEA County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
TEXAS NEW MEXICO PIPELINE COMPANY		1670 BROADWAY, DENVER, CO 80202			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
WARREN PETROLEUM COMPANY		P.O. BOX 1589, TULSA, OK 74102			
Well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>18</u>	Twp. <u>19S</u>	Rge. <u>37E</u>	Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.	
	UNIT SUPERINTENDENT
Signature ROBERT L. WILLIAMS, JR.	Title SUPERINTENDENT
Date 1/1/92	Telephone No. 505-393-2144

OIL CONSERVATION DIVISION	
Date Approved	JAN 09 '92
By	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
Title	

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.