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State of New Mexico E y, Minerals and Natural Resources Departme

TERCT R Drawer DD, Adeela, NM 88210

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

DISTRICT III 1000 Rio Berson RA., Asiec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.		TO TRA	<u>INSP</u>	ORT OIL	. AND NAT	TURAL GA						
Openiar							Wall A	PI Na.				
AMERADA HESS CORPORAT	<u> ION</u>	 				 		3002	<u> 250564</u>	16		
Addres DDANIED D MONUMENT A	MEN MEV	100 0	0265									
DRAWER D. MONUMENT, N Resecute for Filing (Check proper box)	IEW MEX	100 80	8265		X Othe	t (Please expla	ie)					
New Well		Change is	Тпало	rter of:		s is seens extra	wy					
Recompletion	Oü		Dry Ge		EFI	FECTIVE 1	1-01-93					
Change in Operator	Casinghos	d Gas 🔲	-									
If change of operator give name and address of previous operator												
						· · · · · · · · · · · · · · · · · · ·						
II. DESCRIPTION OF WELL			·									
Lease Name BLK					ing Formation		Kind of Lease State, Federal or Fee			Lesse No.		
NORTH MONUMENT G/SA L	JNII	2	FUN	IICE MO	<u>NUMENT G</u>	/SA	Scare,	ACCUSATION 1-60				
D	6	60			NODTU	100	00		E 4 C	_		
Unit Lotter B	_ : <u></u>	60	. Feet Fr	om The	NUKIH Lim	and198	<u> 80 </u>	et From The .	EAS	<u> </u>	Line	
Section 19 Township	h 1	9S	Range	37	F NA	ирм,		LEA			Country	
19 100-11	<u></u>		Kange		<u> </u>	urm,		LLA			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	ΓX	or Conden			Address (Giv	e address to wh						
EOTT OIL PIPELINE COM			P.O. B	I, TEXAS	772	<u> 10-4</u>	1666					
Name of Authorized Transporter of Casing WARREN PETROLEUM COMP			or Dry	Cas	Address (Give address to which appro			oved copy of this form is to			1)	
WARREN PETRULEUM COMP	ANY Unit Sec.		1				LSA, OK 74102					
give location of tanks.	I A		19S	1 37E	is gas actually	y connected?	When	7				
If this production is commingled with that !					ling order numb	~						
IV. COMPLETION DATA			,	· · · · · · · · · · · · · · · · · · ·	ing older sails	~···						
		Oil Well	77	Gas Well	New Well	Workover	Deepen	Plug Back	Same R		Diff Res'v	
Designate Type of Completion	- (X)	j	i		i			l log blox		•••	1	
Data Spudded	Date Compt. Ready to Prod.				Total Depth			P.B.T.D.			4	
	<u> </u>											
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	aoimme		Top Oil/Cas	Pay		Tubing Dep	t h				
Perforations						···		<u> </u>				
								Depth Casin	ig Shoe			
	7	TIRING	CASI	NG AND	CEMENTI	NC DECOR	<u> </u>	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CENEMA			
								SACKS CEMENT			NI	
							······································					
U TECT KITI IND BEGUES	T 505		:									
V. TEST DATA AND REQUES OIL WELL Gen must be after to												
OIL WELL (Test must be after re Date First New Oil Rus. To Tank	Date of Te	dal volume	of load	oil and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24	hour:	1.)	
	Date of 16				Producing Me	thod (Flow, pu	c.)					
Length of Test	Tubing Pre	4F∵re			Casing Pressu	ire		Choke Size				
	•							Circuit Size				
Actual Prod. During Test	Oil - Bbls.	XI - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>											
GAS WELL						·						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sale/MMCF		Gravity of C	Ondensu			
Testing Method (pitot, back pr.)	Tubing Pre	ibing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
UI OPER A POR COR	<u> </u>											
VL OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE	_	NI 001	1055					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						N	
is true and complete to the best of my k	nonjeque si	umuon grve id belief.	EB SDOVE	•	11		MAV	1 8 193	13			
	9 1	/			Date	Approve	d	T A 190	J.(J			
- Tirker J		· · · · · · · · · · · · · · · · · · ·	671									
Signature	-//	~~~ <u>~~</u>	5		By_	ORIGINAL DIS	SIGNED II	Y JERRY SI	EXTON			
Printed Name	STAF	F ASSI	STAN	Ι	11	DIS	TRICT I SIJ	PERVISOR				
10-29-93	(505)	202 2	Title	-	Title	• .						
Date	7 505)		144 phone N	<u> </u>								
			*		11							

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.

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