School 5 Cocks
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Astodia, NM \$2210

S are of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO THAN	ISPORT C	IL AND NA	TURAL G						
Amerada Hess Corporat		Well API No.									
Address					30-025-05650						
Drawer D, Monument, Ne	ew Mexi	co 8826	55								
Reason(s) for Filing (Check proper box) New Well				X 0d	et (Please expl	lain)					
Recompletion	Oil	Change in Tr	masporter of: by Gas	l							
Change in Operator			Condenses [! 	E	FFECTIVE	11-01-	93			
If change of operator give same and address of previous operator	<u>-</u>										
			~ ~~~	*	 .	·					
II. DESCRIPTION OF WELL Lease Name Rik F											
Month Manager 1 0/04 11 1				hiding Formation			Kind of Lease		Lesse No.		
Location	110	11	Eunice	Monument	G/SA	Sinte,	Federal or Fe	B-36	557		
Unit Letter K	. 198	30 💂		South Lin	1	980 -		11	i		
	- '	P	oet Promithe.	Lie	e and	Fe	et From The _	West	Line		
Section 19 Township 19S			ange 37E	N	мрм,	L	ea C ounty				
III DESIGNATION OF TRAN	Chohm	5 05 05			· · · · · · · · · · · · · · · · · · ·				Coomy		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPUE	F ENERGY	AND NAT	URAL GAS							
EOTT Oil Pipeline Co.		Effective	4-1-94	P.O. B	п можеть не w nx 4666	Houston	Copy of this fo	ж ж із ю be за 77210	N)		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Gi	P.O. Box 4666, Houston, Tex Address (Give address to which approved copy of				4000		
Warren Petroleum Compa If well produces oil or liquids,				P.O. B	<u> P.O. Box 1589, Tulsa, (</u>			OK 74102			
give location of tanks.	Unit	Ξ		e. Is gas actual	y connected?	When	7				
f this production is commingled with that i	12		9S 37E	alian onter au-							
IV. COMPLETION DATA			an, gree scaland	Abutal order mus							
Designate Type of Completion	~	Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Rea's	Diff Res'v		
Date Spudded		1	<u> </u>		İ	<u>i</u> i					
on space.	Date Comp	d. Ready to Pr	rod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Form	ation	Top Oil/Gas	Top Oil/Gas Pay						
				1.70.000	,			Tubing Depth			
Perforations						"	Depth Casing	g Shoe			
							! '	,	· ·		
HOLE SIZE CASING & TUBING SIZE				D CEMENTI	CEMENTING RECORD						
TIOCE OILE	LAS	NUG & TUB	NG SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUES	T FOR A	HOWAR									
OIL WELL (Test must be after re	covers of sa	LLUWAB	land oil and								
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes	1	odd ou and mi	Producing M	exceed top all though the exceed to the exceed the exceed the exceed to the exceed the exceed to the exceeding the exceeding the exceed to the exceeding the	owable for this	depth or be f	or full 24 hour	7.)		
				1		- ipi gas işi, e	<i>v</i>)				
Length of Test	Tubing Pres	e e		Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls							
On - Bois.			MATEL - BOIL	Aufet - Holf			Gas- MCF				
GAS WELL	<u> </u>			!	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conder	Bbls. Condensate/MMCF			Gravity of Condensate			
							Gravity of Condending				
esting Method (pitot, back pr.)	Tubing Pres	bing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size				
VI OPERATOR CERTIFIC	<u> </u>										
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE)II (()	ICEDV	TION				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DIL CON	ASEHAN	HON	DIVISIO	N		
is true and complete to the best of my to	nowledge an	d belief.		D-4-	A	. 0.5					
POINT A				Date	Approve	dUE	LU11	993			
Signature					D. OPICINAL CIONED BY ITERY SEVEON						
R.L. Wheeler Jr. Sunv. Admin Syc				∥ by –	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Title				Title							
Date		5-393-21 Telepho	ne No	ll i							
Diopa Home Cale	State Oak	1 esebato	er i vo.		res on versey		Day Design Ch. Street				
INCIDIOTIONS, TO A	_					· · · · · · · · · · · · · · · · · · ·	THE PARTY OF THE P	CONTROL OF THE PARTY OF THE PARTY.	ADDITION OF THE WARRANT		

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.