

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION		Well API No. 3002505654 ✓
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494. ALSO, CHANGE NAME FR. STATE L #1 TO NORTH MONUMENT G/SA UNIT BLK. 6, #5.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		


II. DESCRIPTION OF WELL AND LEASE			
Lease Name BLK. 6 NORTH MONUMENT G/SA UNIT	Well No. 5	Pool Name, including Formation EUNICE MONUMENT G/SA	Lease No. B-1589 - /
Location Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line Section 20 Township 19S Range 37E , NMPM , LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE CORPORATION			Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2648, HOUSTON, TEXAS 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM COMPANY			Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 20	Twp. 19S	Rge. 37E	Is gas actually connected? When?
If this production is commingled with that from any other lease or pool, give commingling order number: _____					

IV. 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			
<i>(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.)</i>			
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 (pilot, 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.	
 Signature ROBERT L. WILLIAMS, JR. Printed Name 1/1/92 Date	UNIT SUPERINTENDENT Title 505-393-2144 Telephone No.

OIL CONSERVATION DIVISION	
Date Approved _____	By _____
Title _____	

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.