## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astosia, NM 82210

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

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

1.	neu	1020 L	OH AL	TOWA	BLE AND	AUTHOR	IZATION					
Operator	TO TRANSPORT OIL AND NATURAL GAS								T M C T			
Amerada Hess Corporation							Well API No. 30-025-05661					
Drawer D, Monument, I	Now Mov	ico 90'	265				<del></del>	020 000	<u> </u>			
Keason(s) for Filing (Check proper box)	HEW HEX	100 002	205	<del></del> .	T o	het (Please exp	lain)	<del></del>	·			
New Well		Change is					<del></del> -,					
Recompletion	Oii Codoob		Dry Ga									
If change of currator give same	Casiagher	Id Cles	Conde					<del></del>	· · · · · · · · · · · · · · · · · · ·			
and address of previous operator	<del></del>	<del></del>										
II. DESCRIPTION OF WELL Lease Name			· · · · · · · · · · · · · · · · · · ·									
North Monument G/SA L	Blk. 6 Well No. Pool Name, lackudir Unit 8 Eunice Mor				- I come			of Lease Lease No.				
Location	31116	<u> </u>	<u>  Cur</u>	irce Mo	nument	i/SA	State,	Federal or Fee	D-22	09-16		
Unit Letter H	_ :198	30	. Foot Po	om The _	lorth ,	ne and 66	0 _		East West			
Section 20 Townshi	ip 199						h	pet From The _	11036	Line		
			Rango	37		МРМ,	Lea			County		
III. DESIGNATION OF TRAN Name of Authorized Treasporter of Oil	SPORTE	ROFO	IL AN	D NATL	RAL GAS	<b> </b>						
Shell Pipeline Corpor		or Conde	n onto		Address (G	we address to w	hich approved	copy of this for	rm is to be s	ent)		
Name of Authorized Transporter of Casin	chead Gas	Y	or Dry	<u> </u>	P. O. Box 2648, Houston Address (Give address to which approved			n, Texas 77001				
<u>Warren Petroleum Comp</u>	any		J.,	ت.	P. 0.	Box 1589	<b>Mich approved</b> Tuls a	copy of this for	rm is to be so	ent)		
If well produces oil or liquids, pive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actua	ly connected?	When		12			
f this production is commingled with that	from any oth	er lesse or		1	<u></u>				•			
V. COMPLETION DATA			pout, grv	e consumo	ling order aun	nber:		<del></del>				
Designate Type of Completion	- (X)	Oil Well	G	les Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Rea'v		
Date Spudded		N. Ready to			Table Base	<u>i</u>	<u>i</u>	L	- Reav	Jan Kerv		
	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Produ			ucing Formation			Top Oil/Gas Pay			Tubina Durch			
Perforations								Tubing Depth				
								Depth Casing	Shoe	<del></del>		
	Ť	UBING.	CASIN	IG AND	CEMENT	NC PECOP		<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	DEPTH SET		SACKS CEMENT				
	<del> </del>						<del></del>	34	ACKS CEM	ENT		
	<b> </b>		<del></del>		ļ	·						
TECT NATA AND BEGUES							·	<del> </del>				
TEST DATA AND REQUES OIL WELL (Test must be after a	T FOR A	LLOW	ABLE		<del></del>	<u></u> -		<u> </u>	···			
Date First New Oil Rus To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
ength of Test					i riounding M	eunoa (Flow, po	ump, gas lift, i	ic.)				
_	Tubing Pres				Casing Press	n10	<del></del>	Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbla			N				
DAR TIME	<u> </u>	·				•		Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D								1	· · · · · · · ·	en er er er er er er er er er		
	Length of Test				Bbis. Conder	me/MMCF		Gravity of Condensate				
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)							
I Open a more			-		Caring Fiess	nie (outs-18)		Choke Size				
I. OPERATOR CERTIFICAL	ATE OF	COMP	LIAN	CE				l				
Division have been conveiled with an are	tions of the (	Dil Conserv			(	DIL CON	ISERV	ATION D	IVISIO	N		
is true and complete to the best of my knowledge and belief.								MAY 13'92				
1. 6/1/lul. ()				į	Date	Approve	d	MAY 13	3 92			
Signature			<del></del>		B.							
R. L. Wheeler, Jr.	<u>S</u>	upv. A	dm. S	VC.	Ву_			CN.	ON			
5-11-92	5	05 393	Title -2144		Title			e de la Cili				
Date			bone No.									
INSTRUCTIONS, THE					L							

IONS: 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.