

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 Ujo Beans Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator AMERADA HESS CORPORATION	Well API No. 3002505727
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> EFFECTIVE 11-01-93.
Change in Operator <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. 11 NORTH MONUMENT G/SA UNIT	Well No. 5	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No. B-3998-1
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>29</u> Township <u>19S</u> Range <u>37E</u> , <u>NMPM</u> , 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"/> EOTT OIL PIPELIN COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666	
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 <u>E</u> Sec. <u>29</u> Twp. <u>19S</u> Rge. <u>37E</u>	Is gas actually connected? <input type="checkbox"/> 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 (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 Ruc 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.

Terry L. Harvey
 Signature
 TERRY L. HARVEY STAFF ASSISTANT
 Printed Name
 11-01-93 (505) 393-2144
 Date Telephone No.

OIL CONSERVATION DIVISION

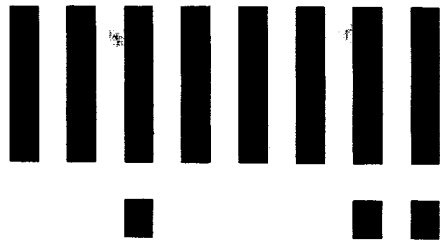
Date Approved NOV 18 1993

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 well's.



LTR



Job separation sheet

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-05727
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-3998-1
7. Lease Name or Unit Agreement Name BLOCK 11 NORTH MONUMENT G/SA UNIT
8. Well No. 5
9. Pool name or Wildcat EUNICE MONUMENT G/SA

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM G-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER _____

2. Name of Operator
AMERADA HESS CORPORATION

3. Address of Operator
DRAWER D, MONUMENT, NEW MEXICO 88265

4. Well Location
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 29 Township 19S Range 37E NMPM LEA County _____

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: CASING TEST <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
4-2-92 Thru 4-7-92

MIRU pulling unit & TOH w/rods & pump. Removed wellhead, installed BOP & TOH w/tbg. Ran 4-3/4" bit, checked btm. at 3,944' & TOH. TIH w/5-1/2" Baker Lok-set RBP & set at 3,700'. TIH w/5-1/2" x 2-3/8" Baker fullbore pkr. & tested RBP to 1,000#. Held OK. Circ. 5-1/2" csg. clean & press. tested 5-1/2" csg. to 520# for 30 min. Held OK. Chart attached. TOH w/pkr. TIH w/retrieving head, latched onto RBP & TOH. TIH w/tbg. set OE'd at 3,891'. Removed BOP & installed wellhead. TIH w/pump & rods. RDPU, cleaned location & resumed prod. well.

Test of 4-09-92: Prod. 6 B.O., 2 B.W. & 33 MCFPD in 24 hours.
(Prior - Chevron, Fred Luthy #1)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE R. L. Wheeler, Jr. TITLE Supv. Adm. Svc. DATE 5-20-92

TYPE OR PRINT NAME R. L. Wheeler, Jr. TELEPHONE NO. 393-2144

(This space for State Use)
APPROVED BY JERRY SEXTON DATE MAY 26 '92

CONDITIONS OF APPROVAL, IF ANY: