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GO HOME SERVICE

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

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

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

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

I. Operator AMERADA HESS CORPORATION		Well API No. 3002505745
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	CHANGE LEASE NAME & NO. FR. STATE AC COM #3
<input checked="" type="checkbox"/> Change in Operator	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	TO NORTH MONUMENT G/SA UNIT BLK. 10, #4.
If change of operator give name and address of previous operator CONOCO INC., 10 DESTA DRIVE WEST, MIDLAND, TEXAS 79705		

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name NORTH MONUMENT G/SA UNIT	Well No. 4	B-1533-1/2
Pool Name, including Formation EUNICE MONUMENT G/SA		Kind of Lease State, Federal or Fee
Location		
Unit Letter D	Feet From The 660	Line and NORTH
Section 30	Township 19S	Range 37E
County LEA		Line WEST

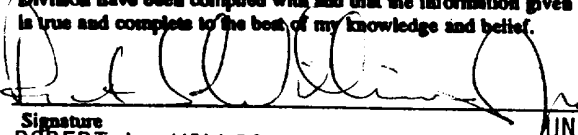
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PIPELINE COMPANY	<input checked="" type="checkbox"/> or Condensate	1670 BROADWAY, DENVER, CO 80202
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/> or Dry Gas	P.O. BOX 1589, TULSA, OK 74102
If well produces oil or liquids, give location of tanks.	Unit 11	Sec. 30
	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		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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 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.	UNIT SUPERINTENDENT
Printed Name	Title
Date 1/1/92	Telephone No. 505-393-2144

OIL CONSERVATION DIVISION JAN 03 '92	
Date Approved	
By	ORIGINAL SIGNED BY: JERRY SEXTON DISTRICT III 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 wells.