State of New Mexico

District I PO Box 1980, Hobbs, NM 88241-1988 District II

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

NO Drawer DD, Artesia, NM 88211-8719 District III 1909 Rio Brazos Rd., Aztec, NM 87410			PO Box 2088						Submit to Appropriate District Office 5 Copies				
District IV			Salita 1°C, 14141 07304-2000						AMENDED REPORT				
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
	Operator name and Address CORID Number												
1	AMERADA HESS CORPORATION							_	0004	195			
DRAWE MONUM		8826	5					(-	¹ Reason for Filing Code				
MONUMENT, NM 88265						CG EF				ECTIVE 1-1-95			
30 - 025-0	Pl Number	1				ool Name			¹ Pool Code			ode	
L	operty Code		EUMON		perty Name			76480 'Well Number					
00016			.1 D	DUTIITUS	× 6				Well Number		mber		
								1					
Ul or lot no.	Section	Township		Lot.lda	Feet from t	be	e North/South Line 1		Feet from the	East/West	line	County	
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UL or lot no.	Section	Towaship	Range	Lot Ida	Feet from	the	North/Sou	th line	Feet from the	East/West	line	County	
12 Lac Code	Li va											eller i i delle klassississississississississississississi	
		ng Method (Jode Gas C	ode 14 Gas Connection Date		14 C-129 Permit Nu			C-129 Effective Date 17 C-129		17 C-129 E	tpiretion Date	
III. Oil a	F nd Gas '	Transpo	rters										
Transpor			" Transporter N	t me		²⁸ PO	D	11 O/G		" POD ULS	TR Location		
OGRID		V 016	and Address		700 0/3			and Description					
00917	009171 GPM GAS 4004 PEN		CORPORATION NBROOK			0028130 G			GPM GAS SALES METER LOCATED IN UNIT G, SEC. 31, T-195,				
			TEXAS 79762						R-37E.	G, SEC. 31, 1-195,			
										THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O			
							4 2 3						
					1889					CONTRACTOR NAMES			
								S. A. S. E.					
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IV. Prod		ater							<u> </u>				
	POD				14	POD UI	STR Location	n and	Description				
17 17 11	<u> </u>					•			AND THE PERSON NAMED IN THE PERSON NAMED AND PERSON NAMED AND PERSON NAMED AND PERSON NAMED AND PERSON NAMED A	-	waren er barren er		
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	AG DOM		Ktady Da		. 10			- FBID		renorausa			
Hole Size			" Casing & Tubing Size			¹² Depth S			et ¹³ Sacks Cen			scot	
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	a the species and the species	· · · · · · · · · · · · · · · · · · ·					-	*******					
						-		·	N.	,			
VI. Well	Test Da	ata		·				nd vill extracted a			···		
M Date 1			Delivery Date 2 Test		t Date	Date		" Test Length		N Thg. Pressure		* Cag. Pressure	
" Choke Size		710000	4 Oi		Valer		^a Gas		4 AOF		4 T	cat Method	
" I hereby cert	tify that the n	ules of the O	il Conservation D	ivision have bee	a complied								
knowledge and		a givea abov	e is true and comp	plete to the best	of my		OII	L CC	ONSERVAT	rion di	VISIO	1	
Signature: (L Wheeler C							Approved DRIGINAL SIGNED BY JERRY SEXTON						
Printed name: R.L. WHEELER, JR.							Title: SASTRACT I SASTERVISOR						
Tide: ADMIN. SVC. COORD.						Approval Date: JAN 2 7 1995							
Date: 1-19-95 Phone: (505) 393-2144													
	AND RESIDENCE OF THE PARTY OF T	eretor fill la	the OGRID Bus		-	ous one	alor		ran Alpanig valantiga eta kuju ja				
	Previous	Operator Si	palure			Prin	led Name			Tiuk	:	Date	

P 417164		OUI WILL	EPORT, CHECK TOP OF THIS DO	THE BOX LABLE CUMENT	ED CE	22.	Well Completion Incation	this POD if it is different from the and a short description of the POD			
Report Report	ali gas vok ali oli vok	lumes at 15.0 Imes to the ni	25 PSIA at 60°. Parcet whole barre	d.		23.	rexample: sattery A.,	"Jones CPD",etc.)			
A request for allowable for a newly drilled or despend well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.					e in	23.		storage from which water is moved a is a new well or recompletion and or the district office will assign a a.			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o recomp	MILEG WENE,	be filled out for all			24.	MAN COLLING BOUND SOCREOUS	this POD If it is different from the and a short description of the POD Vater Tank", "Jones CPD Water			
Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.					or or	25.	MO/DA/YR drilling commenced				
A separate C-104 must be filed for each pool in a multiple completion.					ie	26.					
compie	uorr.			•		27.	The state of the state				
operato	Improperly filled out or incomplete forms may be returned to operators unapproved.						Plugback vertical depth	,			
1. 2.		r's name and				29.	Top and bottom perform shoe and TD if openhole	ition in this completion or casing			
	be assig	ned and filled	mber. If you do r I in by the District	not have one it will office.	iii	30.	Inside diameter of the w	ell bore			
3.	1419	for filing code New Well	from the following	ng table:		3 i.	Outside diameter of the casing and tubing				
	RC CH	Recompletion Change of C	Deerator			32.	Depth of casing and tubi bottom.	ng. If a casing liner show top and			
	AO CO	Add oil/cond Change oil/d	densata transporte condensata transp	er Forter		33.	Number of sacks of cen	ent used per casing string			
	AG CG RT	Change gas	nsporter transporter			The follo	owing test data is for an	oil well it must be from a test			
		(60U681PG)	r test allowable n write that reason		•	34.	MO/DA/YR that new oil				
4.		number of th		n in this box.		35.					
5.			for this completic	on		36.	MO/DA/YR that gas was first produced into a pipeline MO/DA/YR that the following test was completed				
6.		d code for this				37.	Length in hours of the te				
7.			this completion			38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells				
8. 9.	The property name (well name) for this completion					39.	Flowing casing pressure - oil wells				
10.	the treatment for this completion				40.	Shut-in casing pressure - gas wells Diameter of the choke used in the test					
	United States government survey designates a Lot Number for this location use that number is the 'Ill and the location use that number is the 'Ill and the location use that number is the 'Ill and the location use that number is the 'Ill and the location use that number is the 'Ill and the location use that number is the 'Ill and the location use that number is the 'Ill and the location use the 'Ill and 'Ill			41.	Barrels of oil produced during the test						
Opinionies ass the OCD mult letter.			i.	42.	Barrels of water produced during the test						
11.			tion of this comple	etion		43.	MCF of gas produced during the test Gas well calculated absolute open flow in MCF/D				
12.	F S	receral	following table:			44.					
	P	State Fee Jicarilla				45.	The method used to test	the well:			
	Ň	Navajo Ute Mountai	n Ute				P Pumping S Swabbing				
13.	The near	Other Indian				46.	If other method please w				
F Flowing P Pumping or other artificial lift							guillicized to make this	name, and title of the person report, the date this report was ne number to call for questions			
14.	MO/DA/	YR that this c sporter	completion was fir	et connected to a	•	47.	The previous operator's name, the signature makes to				
15. The permit number from the District approved C-129 for this completion					•		authorized to verify that	of the previous operator's representative d to verify that the previous operator no longer this completion, and the design of the completion and the completion are the completion are the completion and the completion are the completion are the completion are the completion and the completion are the completion are the completion are the completion are the completion and the completion are the completion are the completion and the completion are the com			
16.			29 approval for th	nis completion			signed by that person	2 aug mie gote nite tebout Ave			
17.	MO/DA/	R of the exp	piration of C-129					Site than a second			
18.	complete	011	ter's OGRID numi		-						
19.			the transporter of								
20.	The num	har seeinned	to the DOD 4		,			344 2			
	Of Fecom	eletion and the	this transporter. If his POD has no ni mber and write it i	this is a new well			e i e sekin kwapi pi	UCLIT			
21.	Deadura .	a acongit a tiul	inet and Mulfe it i	here.			the second of the second of the second	OFFICE			
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