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State of New Mexico , Minerals and Natural Resources Departmen Revised I-1-09

## **OIL CONSERVATION DIVISION** P.O. Box 2088

DISTRICT III 1000 Rio Bennos Rd., Asiec, NM 87410

Santa Fe, New Mexico 87504-2088

Rio Brazos Rd., Aztec, NM 87410	REQUE	STEAM	SDO	RT OIL A	ND NAT	JRAL	GAS	3			_			
nior		O ITAIN	<u> </u>	THI OIL	110			W	al API		0501	/		l
AMERADA HESS CORPORATION	ON									30025	<u>058.</u>	. 2		
DRAWER D, MONUMENT, NEI	W MEXI	0 882	65					, NE	<u>Λ</u>	TEDEL	OOD	UNIT	FFFF	TIVE
son(s) for Filing (Check proper box)		Change is To		ter of:	1/1	/92.	ORD	)ER	NO.		R-9	9494		.
v Well	Dij		rasapor Ory Gas	1-1	ALS	0, C	HANGE	E NA	ME F	R. J.	H. 1	VILLIA	MS B	#1 T
	Casingheed	Gas 🔲 C	Condens		NOR:	TH M	ONUME	<u>NT</u>	G/SA	UNIT	BL	K. 17,	#16	l
nage of operator give same address of previous operator														
DESCRIPTION OF WELL A	ND LEA	SE Wall No. 1	Pool Na	ıme, İschidin	a Formation				Kind of			Ī	ease No	<u> </u>
NORTH MONUMENT G/SA UN		16			NUMENT G	/SA			State, F	ederal o	Fee	<u> </u>		
cation P	. 33	0 ,	Bast Ba	Si The	OUTH Line	and	840		Fee	t From 1	The	EAST		_Line
Unit Letter	198	,		37E			L	EΑ					Cor	unty
Section 33 Township			Range			ирм,								
I. DESIGNATION OF TRANS  arms of Authorized Transporter of Oil	PORTE	or Condens	L AN	D NATU	RAL GAS Address (Giv	e addre	ss to wh	ich ap	proved	copy of	his for	m is to be	seni)	
SHELL PIPELINE CORPORA	ATION	Of Contract		[]	P.O.	BOX	2648	. HO	)UST(	N, T	EXAS	770	001	
ame of Authorized Transporter of Casingh	nead Gas		or Dry	Gas	Address (Giv	e addre	ss to wh	ich ap	proved	<i>сору о</i> ј (	t <b>his for</b> MATATA	mistobel LETU	<i>seni)</i> J∩DTL	ı TY
SID RICHARDSON	Unit	Sec.	Twp.	Rge.	Is gas actuall			_10	When	<u> </u>	MATE	L. FT.	MOVIT	<u>Ι. Ι.Δ.</u>
well produces oil or liquids, /e location of tanks.	juanu ∦ I ₁ I	385.	1 4 1 0 S		YES	-		i						
this production is commingled with that fr	rom any oth		pool, gi	ve comming										
. COMPLETION DATA					· · · · · · · · · · · · · · · · · · ·	¥				r =:			. b:m	Res'v
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To Sharred		<b>J</b> 11)												
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levations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	omatio	<u> </u>	Top Oil/Gas	Pay		<u> </u>		Tubing	g Dept	h		
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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.