Form C-104 Revised February 10, 1994

## PO Drawer DD, Artesla, NM 88211-0719

		Revised Febru	ary	10,	1994
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Amerada Hess Corporation							00	10495	UD Nomb	xet*		
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000			Property Name					* Well Number				
	Horem Hondin				ent G/SA Unit Blk. 23			14			4	
Ul or lot no.	Section	Township	Range	Lot.lda	Feet from	m the	North/South	h Line	Feet from the	East/Y	Vest Line	County
N	34	19S	37E		660		South		1977	West		Lea
/		Hole Lo		<del>1</del>								
UL or lot no.	Section	Township	Range	Lot Ida	Feet fro	m the	North/Sout	h fine	Feet from the	Fast/V	Yest fine	County
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Р		P <sub>.</sub>		(		V-107	A IVEIDAGE		C-147 Edictive	Jale	" (.,	129 Expiration Date
III. Oil an	nd Gas	Transpor	ters			· · · · ·					<u> </u>	
"Transport	ter	11	Transporter			" PO	D 21	1 O/G	22 POD ULSTR Location			
20445					i op	21110 0		0	and Description			
	P.	. O. Box	4648			1000 × 1			Unit O, Sec. 34, T19S, R37E NMGSAU Battery No. 95.			
2/650	1	ouston,				21120						
24650	Р.	. O. Box	etroleum Company 2 x 1589			21130 G		Unit O, Sec. 34, T19S, R37E Warren Sales Meter No. 272				
	Τι	ulsa, OK	. 74102	<del></del>					at NMGSAU Btry. No. 95.			
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	∞ <b>D</b>	Unit	0 Sec	. 34, T199	2 027	POD UL	STR Location	and D	escription			
21150		Rice	Enginee	ring Dist	osal	tie-i	n at NMC	SAU	Battery N	lo. 9	5.	
V. Well C	omple d Date	tion Data	H Ready D			1 22						
,,,,		*	Kalay D	Date		" TD		* PBTD		Perforations		
ж	Hole Size		H Casing & Tubing Size		<sup>11</sup> Depth Set				<sup>18</sup> Sacks Cement			
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VI. Well 7	Test Da	<del></del>								<del></del>		
Date Ne	:w ON	" Gas De	elivery Date	M Test	Date		n Test Length	)	" Tog. Pre	esu re	,	Cog. Pressure
" Choke	Size		Oil	· · · · · ·			4 Gas		M		<del> </del>	
			Ti ster		Cas			" AOF		. "Test Method		
" I hereby certify with and that the	that the ru	iles of the Oil (	Conservation D	ivision have been	complied	Carrier 1			<del></del>			
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Signature	'[] brek	4.4.		•		Approved			Distract I sa			
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Supv. Ac	dm. Sv	c.				Approval	Date: MA	Y	3 1994	<del></del>		<del></del>
4-28-9	94			5 393-214								<del></del>
of If this is a cha	inge of ope	rator fill in th	e OGRID nun	nber and name of	the previ	ous operati	)P					
	Previous C	perator Signa	lure	·		Printed	Nama					
	1	•					11200		•	Tid	4	Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

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.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

 Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

4. The API number of this well

5. The name of the pool for this completion

6. The pool code for this pool

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.

11. The bottom hole location of this completion

12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
Other Indian Tribe

13. The producing method code from the following table:

For a Flowing
Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

21. Product code from the following table:
O OII
G Gas

22. T' e ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom.

Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was eigned by that person

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