



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

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

I.

Operator: AMERADA HESS CORPORATION
 Well API No.: 3002505875

Address: DRAWER D, MONUMENT, NEW MEXICO 88265

Reason(s) for Filing (Check proper box): Other (Please explain)

New Well: Change in Transporter of:
 Recompletion: Oil Dry Gas
 Change in Operator: Casinghead Gas Condensate

EFFECTIVE 11-01-93.

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	BLK. 23	Well No.	6	Pool Name, including Formation	EUNICE MONUMENT G/SA	Kind of Lease	State, Federal or Fee	Lease No.		
NORTH MONUMENT G/SA UNIT										
Location	Unit Letter	F	1980	Feet From The	NORTH	Line and	1980	Feet From The	WEST	Line
Section	3	Township	20S	Range	37E	Range	LEA	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)				
EOTT OIL PIPELINE COMPANY	<input checked="" type="checkbox"/>	P.O. BOX 4666, HOUSTON, TEXAS 77210-4666				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/>	P.O. BOX 1589, TULSA, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When?
	D	3	20S	37E		

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Some Reev.	<input type="checkbox"/> Nit Reev.
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 Put 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/M/MCF	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: Terry L. Harvey
 Printed Name: TERRY L. HARVEY
 Title: STAFF ASSISTANT
 Date: 11-03-93
 Telephone No.: (505) 393-2144

OIL CONSERVATION DIVISION

Date Approved: NOV 18 1993

By: ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT SUPERVISOR

Title: _____

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.