

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

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

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

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

| | | |
|--|---|--|
| Operator AMERADA HESS CORPORATION | | Well API No. 3002505892 |
| Address DRAWER D, MONUMENT, NEW MEXICO 88265 | | |
| Reason(s) for Filing (Check proper box) | | <input checked="" type="checkbox"/> Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: | EFFECTIVE 11-01-93. |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|-----------------|------------------------|--|--|-----------|
| Lease Name NORTH MONUMENT G/SA UNIT | BLK. 22 | Well No. 10 | Pool Name, Including Formation EUNICE MONUMENT G/SA | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | | |
| Unit Corner J | 1980 | Feet From The SOUTH | Line and 1980 | Feet From The EAST | Line |
| Section 4 | Township 20S | Range 37E | NMPLM, | LEA | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| EOTT OIL PIPELINE COMPANY <i>Energy Corp</i> | P.O. BOX 4666, HOUSTON, TEXAS 77210-4666 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| WARREN PETROLEUM COMPANY | P.O. BOX 1589, TULSA, OK 74102 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When? |
| | 0 9 20S 37E YES |

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) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv | Diff Resv |
| 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: *Terry L. Harvey*
 Printed Name: TERRY L. HARVEY
 Date: 11-03-93
 Title: STAFF ASSISTANT
 Telephone No.: (505) 393-2144

OIL CONSERVATION DIVISION

Date Approved: NOV 18 1993

By: ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I 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.