

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator AMERADA HESS CORPORATION		Well API No. 3002505899
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CHANGE LEASE NAME & NO. FR. M.E. LAUGHLIN #1
<input type="checkbox"/> Recompletion	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	TO NORTH MONUMENT G/SA UNIT BLK. 22, #6.
<input checked="" type="checkbox"/> Change in Operator	If change of operator give name and address of previous operator TEXACO EXPL. & PROD. INC., P.O. BOX 730, HOBBS, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLK. 22 NORTH MONUMENT G/SA UNIT	Well No. 6	Pool Name, Including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter F	1980	Feet From The NORTH	Line and 1980	Feet From The WEST
Section 4	Township 20S	Range 37E	County NMPM, LEA	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SHUT-IN	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When?

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 Res'v	Diff Res'v
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 (pitot, 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
 ROBERT L. WILLIAMS, JR. SUPERINTENDENT
 Printed Name
 1/1/92
 Date
 505-393-2144
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 09 '92
 By _____
 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.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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WELL API NO. 30-025-05899
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
 OIL WELL GAS WELL OTHER

7. Lease Name or Unit Agreement Name
M.E. Laughlin

2. Name of Operator
Texaco Exploration and Production Inc.

8. Well No.
1

3. Address of Operator
P.O. Box 730 Hobbs, New Mexico 88240

9. Pool name or Wildcat
Eunice Monument (G-SA)

4. Well Location
 Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line
 Section 4 Township 20 Range 37 NMPM L County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3570' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

02/21/92 - 03/06/92

- MIRU, TOH w/prod equip. Starting date 02-21-92.
- TOH w/7" pkr. TIH w/7" cmt ret, set @ 3445', pmp 200 sxs Class C w/2% CACL into perfs @ 3496'-3709', tbg press to 1950#, rev out 3 bbls on top of cmt ret. TOH w/WS & stinger.
- Ran 6 1/8" bit, tag cmt @ 3439', D/O cmt & cmt ret @ 3445' to 3623', fell out, ran bit to 3712', circ hole.
- TOH w/bit. TIH w/7" tension pkr, set & test csg - no squeeze.
- TOH w/tension pkr, chg out wellhead, TIH w/7" pkr & set @ 3719'. Test CIBP @ 3733' to 600#, OK. Pull pkr up to 3441', set & test csg, est inj. rate.

(CONTINUED ON BACK)

(COPY OF CHART ON BACK)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M.C. Duncan TITLE Engineer's Assistant DATE 3-11-92

TYPE OR PRINT NAME M.C. Duncan TELEPHONE NO. 393-7191

(This space for State Use) RECORDED BY JESSY SEXTON

MAR 16 1992

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

6. TOH w/pkr. TIH w/ ret, set @ 3420, pmp 50 sxs Cla C cmt & 50 sxs Class C c. w/.470 Halad into perfs @ 3496'-9', tbg press to 2100#, rev out 3 bbls on top of cmt ret. TOH w/WS & stinger.
7. TIH w/bit, tag cmt @ 3415', D/O cmt & cmt ret @ 3420' to 3654', fell out to 3719', circ hole. Test csg - no squeeze.
8. TIH w/pkr & SN, set pkr @ 3460', load & test backside to 500#, OK. Swabbed well, no fluid entry. Rls pkr & TOH w/pkr & SN.
9. TIH w/pkr & set @ 3618', test csg above & below pkr, lost 100# both side. Pull pkr to 3463, test csg to surf, OK.
10. Est inj rate, POH w/pkr, ran tbg back opened to 3717, spt 70 sxs Micro-Matrix cmt w/1% CFR-3, .5% D-AIR @ 12 PPG from 3717'-3295'. TOH w/tbg, TIH w/pkr & set @ 3185', pmp 1.5 bbls into leak, press went to 3200# and held, WOC.
11. TOH w/pkr, TIH w/bit, tag cmt @ 3436', D/O cmt to 3712', fell out, circ hole. Test csg to 500# for 30 min, OK. SION (Original chart given to David Ricks of Amerada Hess who witnessed the test)
12. D/O cmt from 3720'-3732' & CIBP @ 3733', went to 3770', circ clean. TOH w/all equip, install new wellhead. Returned control of well to Amerada Hess. Completion date 3-6-92.

No monument A/S at Blk 22 #6

