

Print 5 Copies  
appropriate District Office  
STRICT I  
O. Box 1980, Hobbs, NM 88240  
STRICT II  
O. Drawer DD, Azusa, NM 88210  
STRICT III  
X00 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION	Well API No. 3002505922
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 CHANGE LEASE NAME & NO. FR. J.W. COOPER #4 TO NORTH MONUMENT G/SA UNIT BLK. 21, #8. TEXACO EXPL. & PROD. INC., P.O. BOX 730, HOBBS, NM 88240	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE			
Lease Name NORTH MONUMENT G/SA UNIT	BLK. 21	Well No. 8	Pool Name, including Formation EUNICE MONUMENT G/SA
Kind of Lease State, Federal or Fee		Lease No.	
Location Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line Section 5 Township 20S Range 37E, NM, LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE CORPORATION	<input checked="" type="checkbox"/> or <input type="checkbox"/> Casinghead Gas	Address (Give address to which approved copy of this form is to be sent) 1670 BROADWAY, DENVER, CO 80202	
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/> or <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. S	Twp. 20S
		Rge. 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)	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"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
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 ROBERT L. WILLIAMS, JR.	UNIT SUPERINTENDENT
Printed Name	Title
1/1/92	505-393-2144
Date	Telephone No.

OIL CONSERVATION DIVISION	
JAN 09 '92	
Date Approved	
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.