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 Appropriate District Office
 DISTRICT I
 P.O. Box 1990, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
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OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

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

Operator Amerada Hess Corporation		Well API No. 30-025-05926
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: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Effective 11-1-93
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.M. Lambert	Well No. 2	Pool Name, including Formation Monument McKee Ellenburger	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u> Line Section <u>6</u> Township <u>20S</u> Range <u>37E</u> , NMPM, 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"/> EOTT Oil Pipeline Co. <i>Energy Corp</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, Texas 77210-4666
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas	Address (Give address to which approved copy of this form is to be sent) 11525 W. Carlsbad Hwy., Hobbs, NM 88241
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>6</u> Twp. <u>20S</u> Rge. <u>37E</u> Is gas actually connected? <u>Yes</u> When? _____
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-424</u>	

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"/> Same Res'v	<input type="checkbox"/> 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 Ruc 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.

R.L. Wheeler Jr.
 Signature

R.L. Wheeler Jr. Supv. Admin. Svc.

Printed Name Title

11-01-93 505-393-2144

Date Telephone No.

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.