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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Er y, Minerals and Natural Resources Departmer

DISTRICT II P.O. Drawer DD, Astocia, NSM 88210

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos R4., Assec, NM 87410

, ,	HANS	PORI OIL #	ITAN DN	JHAL GAS	)				
TO TRANSPORT OIL A					Well API No.				
AMERADA HESS CORPORATION				3002509880					
NEW MEXICO	8826	5							
								FFECTI	
	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	• —						FOHANE	
XACO EXPL.	. & PRO	D. INC., I	.O. BOX	730, HOE	BBS, NM	88240			
DESCRIPTION OF WELL AND LEASE  Name  BLK. 2   Well No.   Pool Name, including				a Formation Kind of		Lease	Los	Lease No.	
i			-	/SA	State, F	oderal or Fee	<u> </u>		
		N/	ODTU		660			EAST <sub>Line</sub>	
_:	Per	et Prom The	Line	and	Fee	From The _		Line	
19S	Ra	age 37E	, NM	PM,	EA			County	
			Address (Giw	address to whi	ch approved	copy of this fo	orm is to be ser	u)	
ELTHE COM	PANY							-41	
<b>nghead Gas (</b> IPANY	or	Dry Gas	Address (Giw	<i>address to wh</i> BOX 1589	, TULSA,	OK 74	102	w)	
Unit Se			ls gas actually	connected?	When	?			
				<del> </del>					
I Hom say outer	serse or boo	s' five consumen	ng Order musik	<u></u>					
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Ready to Pr	i vod.	Total Depth			PR.T.D.	J	ــــــــــــــــــــــــــــــــــــــ	
	,					1.5.1.5			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
erforations							Depth Casing Shoe		
			†						
	NG & TUB			DEPTH SET			SACKS CEM	ENT	
							SACKS CEM	ENT	
							SACKS CEM	ENT	
CASI	NG & TUB	ING SIZE					SACKS CEM	ENT	
CASI	NG & TUB	ING SIZE		DEPTH SET					
CASI	NG & TUB	ing size	be equal to or	DEPTH SET	owable for th	is depth or be			
EST FOR AL	NG & TUB	ing size	be equal to or	exceed top all ethod (Flow, p	owable for th	is depth or be	: for full 24 ho		
EST FOR AI Frecovery of total Date of Test	NG & TUB	ing size	be equal to or Producing M	exceed top all ethod (Flow, p	owable for th	is depth or be	e for full 24 hou		
EST FOR AL Precovery of total Date of Test	NG & TUB	ing size	be equal to or	exceed top all ethod (Flow, p	owable for th	is depth or be	e for full 24 hou		
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EST FOR AI Frecovery of total Date of Test	LLOWAL al volume of	ing size	be equal to or Producing M Casing Press Water - Bbli	exceed top all ethod (Flow, p	owable for th	choke Siz	e for full 24 hou		
EST FOR AL  Trecovery of total  Date of Test  Tubing Press  Oil - Bbls.	LLOWAL al volume of	BLE load oil and must	be equal to of Producing M Casing Press Water - Bbis	exceed top all ethod (Flow, p	owable for th	Choke Size	e for full 24 hore		
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EST FOR AL Precovery of total Date of Test Tubing Press Oil - Bbls.  Length of Test Tubing Press	LLOWAL of volume of sure cet comple	BLE load oil and must	be equal to or Producing M Casing Press Water - Bbis Bbis. Conde	exceed top all ethod (Flow, pure	owable for th ump, gas lift.	Choke Size	e for full 24 hou	Ø1.)	
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EST FOR AL  Precovery of total  Date of Test  Tubing Press  Oil - Bbls.  Length of To  Tubing Press  ICATE OF equitations of the County of the	LLOWAI al volume of sure (Shut-in COMPI Dil Conserve mation gives d betief.	BLE load oil and must	be equal to of Producing M Casing Press Water - Bblis Bblis. Conde	exceed top all ethod (Flow, pure Shurin)  OIL COI	owable for the ump, gas lift,	Gravity of Choke Size	Condensate  Condensate  DIVISIO 9 '92	Ø1.)	
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	Chainghead G XACO EXPL  AND LEAS  ( 2 W UNIT	Change in Trancoil Dry Casinghead Gas Con XACO EXPL. & PRO AND LEASE  C. 2 Well No. Por UNIT 1	Change in Transporter of: Oil Dry Gas Caninghand Gae Condennate XACO EXPL. & PROD. INC.,  AND LEASE C. 2 Well No. Pool Name, Including EUNIT 1 EUNICE MODE  19S Range 37E  NSPORTER OF OIL AND NATUR PELINE COMPANY Inghead Gas X or Dry Gas MPANY Unit Sec. Twp. Rge. 19S 19S 37E  It from any other lease or pool, give commingling of the Complete Complete Company  Oil Well Gas Well  Name of Producing Formation	Change in Transporter of:  Change in Transporter of:  Chair Dry Gas CHAI  Caningheed Gee Condensate #1  XACO EXPL. & PROD. INC., P.O. BOX  AND LEASE  (. 2 Well No. Pool Name, including Formation EUNIT 1 EUNICE MONUMENT G  : 660	Change in Transporter of:  Change in Transporter of:  Oil Dry Gas CHANGE LEASE  Caninghend Gee Condensate #1 TO NORTH  XACO EXPL. & PROD. INC., P.O. BOX 730, HOE  AND LEASE  (2 Well No. Pool Name, including Formation  UNIT 1 EUNICE MONUMENT G/SA  EUNIT 1 FORTH Line and  NORTH Line and  Peet Prom The NORTH Line and  NORTH Line and  Address (Give address to who  Address (Give address to who  1670 BROADWAY  Inghead Gas X or Dry Gas Address (Give address to who  PO. BOX 1589  It from any other lease or pool, give commingling order number:  IN COMPANY Cas Well New Well Workover  Oil Well Gas Well New Well Workover  Name of Producing Formation Top Oil/Gas Pay	Other (Please explain) NEW WA   Change is Transporter of: 1/1/92. ORDER NO.     Other (Please explain) NEW WA   Change is Transporter of: 1/1/92. ORDER NO.     CHANGE LEASE NAME & CHANGE LEASE NAME & CHANGE LEASE NAME & CHANGE LEASE NAME & HI TO NORTH MONUMEN     XACO EXPL. & PROD. INC., P.O. BOX 730, HOBBS, NM     XAND LEASE   C. 2   Well No.   Pool Name, including Formation   Kind of     UNIT	Other (Please explain) NEW WATERFLOOD   1/1/92. ORDER NO. R-    Change is Transporter of:	Other (Please explain) NEW WATERFLOOD UNIT E 1/1/92. ORDER NO. R-9494     Other (Please explain) NEW WATERFLOOD UNIT E 1/1/92. ORDER NO. R-9494     Other (Please explain) NEW WATERFLOOD UNIT E 1/1/92. ORDER NO. R-9494     Other (Please explain) NEW WATERFLOOD UNIT E 1/1/92. ORDER NO. R-9494     Other (Please explain) NEW WATERFLOOD UNIT E 1/1/92. ORDER NO. R-9494     Other (Please explain) NEW WATERFLOOD UNIT E 1/1/92. ORDER NO. R-9494     Will Consider the second of the	

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.