Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico "nergy, Minerals and Natural Resources Depar

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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l	T	OTRAN	ISPORT OF	L AND NAT	URAL GA	S					
Operator						Walk	M No.	····			
Amerada Hess Corporati	Hess Corporation							30-025-09891			
Address											
Drawer D, Monument, Ne	w Mexic	o 8826	55					•			
Reason(s) for Filing (Check proper box)				X Othe	r (Please explai	r)					
New Well			resporter of:								
Recompletion	Oil Control of A		Ory Ges 🔲		EF		11-01-9	3_			
Change in Operator	Casinghood	04 U C	Condensate [WELL	TAId	<u></u>			
and address of previous operator											
IL DESCRIPTION OF WELL	ANDIFA	CP									
Lease Name B]k, 2			ooi Name, Inclu	dine Formation		Kind o	(Lesse	1.	ne No.		
North Monument G/SA Un							Foderal or For				
Location	<u> </u>		<u> Lamiec i</u>	ionament c	1/ 3/1	<u></u>					
Unit Letter B	. 330	0 ,	East Brown The N	lorth Line	23	10	t From The	East	• • •		
VIII DOM			Act LIOUT THE T	Libe	* EDG	re	x rrom the_	Lust	Line		
Section 4 Township	20 S		Range 37E	, NA	лрм,	Le	ea		County		
								*			
III. DESIGNATION OF TRAN											
Name of Authorized Transporter of Oil		or Condens	" □		e address to whi						
EOTT Oil Pipeline Co.	P.O. Bo	P.O. Box 4666, Houston, Texas 77210-4666									
Name of Authorized Transporter of Casing	-		or Dry Gas					ed copy of this form is to be sent)			
Warren Petroleum Compa W well produces oil or liquids,		<u> </u>	<u> </u>		P.O. Box 1589, Tulsa, (
give location of tanks.	I D	Sec. Twp. Rge. Is gas actually connected? W				When	1 7				
If this production is commingled with that				olina onlas sumi							
IV. COMPLETION DATA		v. p	oca, grve contain	igning oroca states	vsi.						
<u> </u>		Oil Well	Gas Well	New Well	Workover	Deepes	Plue Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	i	1							
Date Spudded	Date Comp	l. Ready to	Prod.	Total Depth	*	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	rmation Top Oil/Gas Pay				Tubing Depth						
Perforations .							Depth Casis	ng Shoe	•		
							<u> </u>	 			
LOJ E AITE		TUBING, CASING AND			DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE										
							 				
	+						 				
							 	·· 			
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	·							
OIL WELL (Test must be after	recovery of to	tal volume d	of load oil and m	ust be equal to o	exceed top allo	owable for thi	is depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Ter				ethod (Flow, pa			· · · · · · · · · · · · · · · · · · ·	i		
Length of Test	gth of Test Tubing Pressure			Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test					Water - Bbis.			Cas- MCF			
Actual Floor During Test	Ott - Bolt	Oil - Bbls.									
	<u></u>			L			<u> </u>				
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Parties Made d Cales Land and	70.k2== 8=	Tubing Pressure (Shut-in)									
Tosting Method (pitot, back pr.) Tubing Pressure			ne (Snut-in)		Casing Pressure (Shut-ia)		Choke Size				
THE OPEN A TOP CONTROL							<u> </u>				
VI. OPERATOR CERTIFIC				- 11		Jemby	ATION	DNACK	201		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				 	OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					DEC 0 1 1993						
O Mill A M	-		_	Date	e Approve	d	· · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
IK Ell Mules, A				•	ORIGINA	L SIGNEN	BY JERRY	SEYTON			
Signature				By_	D	ISTRICT L	SUPERVISC	SEVION			
R.L. Wheeler Jr.	Supv.	Admin.		.			N Y IJC				
11-22-93	51	05-393-	Title 2144	Title)						
Dete			phone No.	·							

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.