

**OIL CONSERVATION DIVISION**

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

TRACT II  
 Drawer DD, Aztec, NM 88210

TRACT III  
 0 Rio Brazos Rd., Aztec, NM 87410

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

Operator <b>AMERADA HESS CORPORATION</b>		Well API No. 3002504070 ✓
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 ALSO, CHANGE NAME FR. W.A. WEIR B #1 TO NORTH MONUMENT G/SA UNIT BLK. 8, #7.	
New Well <input type="checkbox"/> Completion <input 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"/>	
Name of operator give name and address of previous operator		

**DESCRIPTION OF WELL AND LEASE**

Well Name NORTH MONUMENT G/SA UNIT	BLK. 8	Well No. 7	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location	Unit Letter <u>G</u> : 1980	Feet From The <u>NORTH</u> Line and 1980	Feet From The <u>EAST</u> Line		
	Section <u>26</u> Township <u>19S</u>	Range <u>36E</u>	, NMPM, <u>LEA</u>	County	

**I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TEXAS NEW MEXICO PIPELINE CORPORATION	1670 BROADWAY, DENVER, CO 80202
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
WARREN PETROLEUM COMPANY	P.O. BOX 1589, TULSA, OK 74102
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When?
Unit <u>G</u> Sec. <u>26</u> Twp. <u>19S</u> Rge. <u>36E</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

**II. 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 Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod. Name of Producing Formation		Total Depth Top Oil/Gas Pay		P.B.T.D. Tubing Depth		Depth Casing Shoe	

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**III. 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.  
 Printed Name: ROBERT L. WILLIAMS, JR.  
 Date: 1/1/92

UNIT SUPERINTENDENT  
 Title  
 505-393-2144  
 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved: 30 1991

By: ORIGINAL SIGNED BY JERRY GUYTON  
 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.