School: 5 Copies
Appropriate Partics Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-29 See Instructions at Bottom of Page

DISTRICT II P.O. Deswer DD, Asseda, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Openior Amerada Hess Corporation								Wai API No. 30-039-21232				
Address D. Manumont N	o. Mov	÷ 003	CE				-		·			
Drawer D, Monument, N Resecu(s) for Filing (Check proper box)	ew Mex	1CO 882	65			er (Plana en l	-:-1					
New Well Change in Transporter of:					Other (Please explain)							
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate					Effective 7-1-90.							
If change of operator give manus					******							
II. DESCRIPTION OF WELL	AND LE	EASE										
Lesse Name	12 12 21	Well No.		Name, Inch	ding Formation	ine Formation		Kind of Lease		Lease No.		
Jicarilla Apache "F"		13			kota/Qt	a		Federal or Fee		t. 149		
Location	-	5.0 0					_					
Unit Letter	_ :	590	Foot 1	From The _	South Lin	e and118	<u>()</u> Fe	et From The _	West	Line		
Section 18 Townshi	ip 25N		Rang	e 5W	, N	мрм,	Ric	Arriba		County		
Ш. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND NATI	JRAL GAS							
Name of Authorized Transporter of Oil		or Conde				e address to w	hich approved	copy of this for	m is 10 be s	eni)		
Giant Refining Co.					P. O. Box 256, Farmington, N.M. 87499							
Name of Authorized Transporter of Casin	-		or Dr	y Gus 🏋				proved copy of this form is to be sent)				
El Paso Natural Gas Co V well produces oil or liquids,	Unit Sec.		Twp. Rge.		ls gas actuall			Paso, Tx. 79999				
ive location of tanks.	i i	18	25N		Yes	y connected?	When	7				
If this production is commingled with that	from any o	ther lease or	pool,			ber:						
IV. COMPLETION DATA		1		*	- _Y	,		·				
Designate Type of Completion	- (X)	Oil Well	' !	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Cor	npl. Ready to	o Prod.		Total Depth	<u> </u>	<u>.l</u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations							·	Depth Casing Shoe				
								Depth Casing	Shoe			
		TUBING,	CAS	ING ANI	CEMENTI	NG RECOR	D	' -				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
						<u> </u>						
								ļ				
						-		 				
V. TEST DATA AND REQUE								•				
OFL WELL (Test must be after a Date First New Oil Run To Tank	Date of T		of load	d oil and mu	_,	exceed top allethod (Flow, p			full 24 ho	øs.)		
Date Link Leen, On your 10 18mx	Date of 1	CM			Trooteng wit	ediod (riow, pi	erip, gas iyi, e	ic.)				
Length of Test	Tubing P	Tessure			Casing Pro-	A E C		Choke Size				
Actual Prod. During Test	O1 BU				- I	Water - Baal			I dia McF			
Actual Prod. During Test Oil - Bbls.					Maret - Barr	JUN2 6 1990						
GAS WELL	.					211 00	0 1000	.1				
Actual Prod. Test - MCF/D	Length of	Test		 ·	Bbis. Conden		4 V. 3 8	Gravity of Co	ndensate			
	·			_			7. 3					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE O	F COMF	PLIA	NCE				J				
I hereby certify that the rules and regul	lations of th	e Oil Conser	vation			DIL CON	ISERV	ATION D	IVISIO	NC		
Division have been complied with and is true and complete to the best of my			en abor	ve			•	UN 27 19	٩n			
() () ()	moweage	and belief.			Date	Approve	d	UN ~ 1 13	JU			
W. ElWhules h					1 _		7		/			
Signature					By_		Bich	1. The				
R. L. Wheeler, Jr. Printed Name	Sup	ov. Adm.	. Sv.	<u>c.</u>	-		SUPERV	ISOR DIST	RICT :	f 3,		
6-22-90	505	393-2	144		Title			·				
Dute		Tele	phone	No.	11							

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.