Sabrait 5 Copies Appropriate District Office POPTINE LANGUAGE THE TAX THE SECOND S

State of New Mexico E ___y, Minerals and Natural Resources Departmen.

DISTRICT II F.O. Drawer DD, Astesia, 18M 82210

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

DISTRICT III 1000 Rio Brasos Rd., Asiec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Amerada Hoss Connons | tio- | | | | | | | API No. | | | |
|---|---------------|---|----------|-------------|-----------------|-----------------|---------------|-----------------|---------------------------------------|-------------|--|
| Amerada Hess Corpora | LION | | | | | | 30 | -025-072 | 40 | | |
| Drawer D, Monument, | New Mex | ico 882 | 265 | | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | Oth | er (Please expi | lain) | | | | |
| New Well | | Change is | Тпаф | orter of: | | (<u></u> | , | | | | |
| Recompletion | OU | | Dry O | | Effe | ctive 8- | 6-92. | | | | |
| Change in Operator | Casingho | ed Ces X | Conde | emte 📗 | | | | | | | |
| and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | | | | | | | | | |
| Losse Name | | Well No. Pool Name, Including Formation | | | | | | of Leue | | Lease No. | |
| V. Linam | | 1 | | onco Wo | | | | Federal or Fe | | | |
| Location | _ | | | | | | | | | | |
| Unit LetterD | :6 | 60 | _ Post P | rom The | North Lin | 660 |) · F | et From The | West | Line | |
| Section 14 Towns | ip 139 | 3 | Range | 38 | F | мрм. | Lo | 3 | | | |
| | | | | | | игм, | Le | <u>a</u> | | County | |
| III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil | SPORTE | | | ID NATL | RAL GAS | | | | | | |
| Scurlock Permian Corp | oration | or Conde | n onto | | Address (Giv | Pov 164 | hich approved | copy of this f | orm is to be so | int) | |
| Name of Authorized Transporter of Casi | ghead Cae | | or Dry | Cas [| Address (Giv | Box 464 | , Houst | on, lexa | s //251· | -4648 | |
| Warren Petroleum Comp | any | | | | P. 0. | Box 1589 | . Tulsa | OK. 74 | 102 | ,,u, | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp | | is gas actuali | Whee | | | | | |
| · | D | 14 | 135 | | Yes | | 8- | -6 - 92 | | | |
| f this production is commingled with that V. COMPLETION DATA | irons easy or | DOL SOURS OL | pool, gi | ve comming | ling order numi |)er: | | | | | |
| Designate Time of Complete | | Ou Wet | <u> </u> | Ges Well | New Well | Workover | Doepen | Plue Reck | Same Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | | ــــــــــــــــــــــــــــــــــــــ | Ĺ_ | | <u> </u> | | i | | 1 | 1 | |
| Dice Spunded | Data Com | pl. Ready to | o Prod. | | Total Depth | | | P.B.T.D. | <u> </u> | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of I | Producing F | ometice. | | Top Oil/Can | <u> </u> | | ļ | | | |
| | | | • | 1.40.000 | -, | | Tubing Depth | | | | |
| Performations | | | | | | | | Depth Casin | g Shoe | | |
| | | | | | | | | 1 . | | | |
| HOLE SIZE | 1 | TUBING, | CASI | NG AND | CEMENTI | NG RECOR | D | | | | |
| THOLE SIZE | - CA | CASING & TUBING SIZE | | | | DEPTH SET | | SACKS CEMENT | | | |
| | 1 | | | | | | | - | ··· | | |
| | | | | | | | | | | | |
| . TEST DATA AND REQUE | CT EOS | | | | | | | · | | | |
| OIL WELL Gest must be after | or ruk i | ALLUW. | ABLE | -11 1 | | | | | | | |
| Data First New Oil Rus To Task | Date of To | ed. | 0) 1000 | ou and mus | Producing Ma | thod (Flow, p | owable for th | s depth or be | for full 24 hou | rs.) | |
| angth of Test | | | | | | ulou (riow, p | ытр, даз іўі. | ric.) | | | |
| Augusta isa | Tubing Pr | Tubing Pressure | | | | | | Choke Size | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls | | | | Water - Bbia | | | Gai- MCF | | | |
| | | | | | water - Boil | | | GM- MCF | | | |
| GAS WELL | | | | | <u> </u> | | | | • • • | | |
| Actual Prod. Test - MCF/D | Length of | Toot | | | Bbls. Conden | sate/MMCF | | िटाच्यांच्या तर | · | | |
| esting Method (pitot, back pr.) | | | | | | | | | CHICACO CALLE | | |
| world meanon (pass, sack pr.) | I Woung Pro | seaure (Shut | i-in) | | Casing Pressu | re (Shut-in) | | Choke Size | | | |
| I. OPERATOR CERTIFIC | ATEO | COM | | 100 | · | | | | | | |
| bereby certify that the rules and men | stices of the | O1 C | | | (| OIL CON | ISERV | ATION | רוויונים | \\ I | |
| THE WIND DAME DOUBLE COMPOSED WHITE THE | that the info | | en above | • | ` | | TOLITY. | | | אנ | |
| is true and complete to the best of my | knowledge a | ad belief. | | | Date | Approve | d | AUG | 20'92 | | |
| V. fill keele. I | | | | | | אייישאיי | u | | | | |
| Signature Whooley Iv | | | | | Bv | ORIGINAL | SIGNED | V IPART | ••• | | |
| R. L. Wheeler, Jr. | | ov. Adm | | C | -, | DIS | TRICT I SU | T JEKRY SE | XTON | | |
| 8-11-92 | 505 | 393-2 | 144 | | Title. | | | | | | |
| Date | | Tole | phone N | lo. | | · | | | · · · · · · · · · · · · · · · · · · · | | |

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 2) All sections of this form must be filled out for allowable on new and recompleted wells.

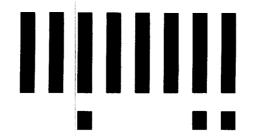
 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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AUG 17 1992

300 HOR35 7777







Job separation sheet

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

State of New Mexico E jy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| PREMIOR AMEDANA HESS CODDON | ΛΤΙΛΝ | | | | | | 30 0 | | | | | |
|--|---|--------------------------------|-----------|--------------|-----------------------|--|----------------|--------------------------------|--------------|------------|--|--|
| AMERADA HESS CORPORATION | | | | | | | 30-025-07240 | | | | | |
| tress DRAWER D, MONUMENT, | NEW MEX | ICO 8 | 8265 | | | | | | | | | |
| uson(s) for Filing (Check proper box, | | | | | Othe | t (Please expla | in) | | | | | |
| w Well | | Change in | | | | | | | | | | |
| completion | Oil | | Dry Gas | | EFFEC ⁻ | TIVE 6/1, | /91 | | | | | |
| ange in Operator | Caninghead | Gas 📗 | Conden | mic | | | | | · | | | |
| hange of operator give name address of previous operator | | | | | | | | | | | | |
| DESCRIPTION OF WEL | L AND LEA | SE | | | | | | | | | | |
| sase Name | | Well No. Pool Name, Includin | | | | | | of Lease No. | | | | |
| V. LINAM | | 1 | <u> </u> | RONCO V | NOLFCAMP | | State, | Federal or Fee | | | | |
| ocation | | 660 | | NC | עדם | 6 | 60 - | WE | ST | | | |
| Unit Letter D | | | Feet Fro | om The | Line | and | F o | et From The WE | | Line | | |
| Section 14 Town | ship 13 | S | Range | 38E | , NI | ирм, L | EA | | | County | | |
| | | | | | | | | | | | | |
| . DESIGNATION OF TRA | | | | D NATUR | RAL GAS | SCUR | OCK PERMI | AN CORP EFF 9-1 | 1-91 | | | |
| • | ne of Authorized Transporter of Oil X or Condensate | | | | | X 1183, | | copy of this form is | 7251- | | | |
| PERMIAN CORPORATION The of Authorized Transporter of Ca | | | or Dry | Gas [| | | | copy of this form is | | | | |
| ime of Authorized Transporter of Ca- | | | or Diy | | Acceptable (OII | • • • • • • • • • • • • • • • • • • • | | , | | | | |
| well produces oil or liquids, | Unit | Sec. | Twp. | Rge. | is gas actuali | y connected? | When | When ? | | | | |
| e location of tanks. | (tanks. D 14 13S 38E | | | | | | L | | | | | |
| his production is commingled with the COMPLETION DATA | nat from any oth | er lease or | pool, giv | e commingli | ng order num | ber. | | | | | | |
| | | Oil Wel | 1 0 | Gas Well | New Well | Workover | Doepen | Plug Back Same | : Res'v | Diff Res'v | | |
| Designate Type of Completion | on - (X) | i | i_ | | | İ | <u>i</u> | | | _1 | | |
| ate Spudded | Date Comp | ol. Ready to | o Prod. | | Total Depth | | | P.B.T.D. | | | | |
| devations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas | Pay | | Tubing Depth | | | | |
| | | | | | 100 012 002 | , | | Luoing Debut | | | | |
| erforations | | | | | | | | Depth Casing Sho | × | | | |
| | | | | | | | | | | | | |
| | - | | | | CEMENTI | NG RECOR | | 1 | | | | |
| HOLE SIZE | CA | SING & T | UBING | SIZE | | DEPTH SET | | SACE | KS CEM | ENI | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| The state of the s | | | | | | | | | | | | |
| . TEST DATA AND REQU | JEST FOR A | ALLOW | ABLE | | | | | | | | | |
| | | | e of load | oil and must | be equal to o | r exceed top al lethod (Flow, p | lowable for th | is depth or be for fu etc.) | 11 24 ROL | <u> </u> | | |
| Date First New Oil Run To Tank | Date of Te | st | | | Producing iv | ietiou (<i>riow, p</i> | nump, gas iyi, | EIC./ | | | | |
| ength of Test | Tubing Pr | essure | | - | Casing Press | aire | | Choke Size | | | | |
| • | | | | | | | | 127-1776 | | | | |
| Actual Prod. During Test | Oil - Bbls | | | | Water - Bbls. | | | Gas- MCF | | | | |
| | | | | | 1 | | | | | | | |
| GAS WELL | | | | | 150. 5 | ARIAE | | Commercial Const | en colo | | | |
| Actual Prod. Test - MCF/D | Length of | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | | |
| Carling Matheway (along hard and | Tubing De | Tubing Pressure (Shut-in) | | | Casino Pres | sure (Shut-in) | | Choke Size | | | | |
| esting Method (pilot, back pr.) | I doing Fi | I noing riessure (Sum-m) | | | | (04104 (4) | | | | | | |
| VI. OPERATOR CERTIF | TCATE O | F COM | PIIA | NCF | 1 | | | | : | | | |
| VI. OPERATOR CERTIFY I hereby certify that the rules and the rules are | | | | IIL | 11 | OIL CO | NSERV | MAY 29 | Ž ĬŽľ | ОN | | |
| Division have been complied with | and that the info | ormation g | iven abov | ve | | | | MAY 29 | 1997 | i | | |
| is true and complete to the best of | my knowledge | and belief. | | | II . | e Approv | | | | | | |
| P. 1, R.1. | + | | | | | • • | | | | | | |
| (indy 1) overloon | | | | | By. | | | BY JERRY SEX | YON | | | |
| CINDY ROBERTSON | SR. ADMI | N. STA | FF AS | SIST. | -, | Į | ustrict i | SUPERVISOR | | | | |
| Printed Name | | | Title | | Title | e | | | | | | |
| 5/24/91 | | <u>50</u> | | 3-2144 | | | | | | | | |
| Date | | T | elephone | No. | П | | | | | | | |

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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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MAY 28 1991

OGS HOBBS OFFICE

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