Salotuat 5 Copies Appropriate District Office		Same of New Mexico							-		
P.O. Son 1990, Hobbe, NM \$240	•	Energy, Minerals and Natural Resources Department						Form C-104 Revised 1-1-09			
DISTRICT II P.O. Drawer DD, Astedia, NM \$2210		JIL CONSERVATION DIVISION P.O. Box 2088						See instructions at Bottom of Fage			
DISTRICT III		Sa	inta Fe	, New N	fexico 8750	4-2088	•				
1000 Rio Brazos Rd., Aziec, NM \$7410	BEO										
I.	ncu	TOTRA			BLE AND		ZATION				
Operator						I URAL G		API No.			
Amerada Hess Corporat	ion								5-03999		
Drawer D, Monument, M	low Mov	i 00	0.00					00_02.			
Reason(s) for Filing (Check proper box)	iew mex	10 88	265	·	X Out	a (Please expl					
New Well		Change is	Тлазр	orter of:		a (r nase copi	anj				
Recompletion	OU Culture		Dry G			£	EFFECTIV	E 11-01-	.93		
If change of operator give same	Cathghe	ed Gas	Conde					LTAY		8-1-97	
and address of previous operator											
IL DESCRIPTION OF WELL											
Lease Name B1k.			1		ting Formation				of Lease Lease No.		
North Monument G/SA U	nit	4	Ει	<u>unice</u>	lonument	<u>G/SA</u>	Sale,	Federal or Fe	• B-1	327-1	
Unit Letter P	. F	560			South		660		_		
			. Feet F	rom The	South Lin	and	<u>660</u> F	et From The	East	Line	
Section 13 Townshi	<u>p 195</u>		Range	<u>36E</u>		APM,	I	_ea		County	
III DESIGNATION OF TRAN	ichon m							<u></u>		County	
III. DESIGNATION OF TRAN Nume of Authorized Transporter of Oil		TH Gooden	IL AN	DNAT	Anteres (Gin	e address to w	hich				
EOTT Oil Pipeline Co.	<u>رم</u> ب	TT Energ	y Pip	eline I p	P.O. B	<u>ox 4666</u> ,	Houstor	copy of this f	orm <b>ม lo be ม</b> 7701 ก	MSEE	
Name of Authorized Transporter of Casin	ghead Cas		C.A.J.	94	Address (Giv	e address 10 w	hich approved	l copy of this f	orm is to be se	4000	
Warren Petroleum Compa W well produces oli or liquide,	Unit	Sec.	Twp.		<u>P.O. B</u>	ox 1589,	<u>Tulsa,</u>	<u>OK 741</u>	02		
give location of tanks.	0		195	80 Re	Is gas actually	y connected?	When	17			
If this production is commingled with that	from any ot	ber lease or	pool, gl	ve commin	ling order sumi	ber:		·•••••••••••••••••••••••••••••••••••••			
IV. COMPLETION DATA								- <u></u>		······································	
Designate Type of Completion	- (X)	Oil Well		Oas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		npi. Ready to	Prod.		Total Depth	I	1	P.B.T.D.	I		
								r.B.1.D,			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforstices					<u> </u>			Depth Casing Shoe			
								Depth Casis	ig Shoe		
		TUBING,	CASE	NG AND	CEMENTI	NG RECOR	D	<u> </u>	•		
HOLE SIZE	CA	ASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
				• • · · · · · · · · · · · · · · · · · ·							
				· · · · · · · · · · · · · · · · · · ·							
V. TEST DATA AND REQUES OIL WELL (Test must be after a	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after r Date First New Oil Rus To Tank	Date of Te	oral Volume	of load	oil and mu	t be equal to or Producing Me	exceed top all	owable for thi	s depth or be	for full 24 hou	n.)	
		- <del>-</del> .			i i i i i i i i i i i i i i i i i i i	чины (1°10W, р	ery, gas lift, i	BC.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	ring Test Oil - Bbis.				Water - Bbls.	Mater Ditt.					
	- DOR	•			water - Bbis.			Gas- MCF			
GAS WELL	•				- <b>I</b>			1		• • • • • • • • • • • • •	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condea	Bbls. Condensate/MMCF			Gravity of Condensate		
Tosting Method (pitot, back pr.)	*N15200 B						•				
(pict pict pi	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF				-\	·····		<u> </u>			
I hereby certify that the rules and read	stime of the				c		ISFRV			)NI	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					11	OIL CONSERVATION DIVISION					
A Delt A A	anamaca <b>s</b> e a	na oclief.			Date	Approve	d DEC	U I 195	13		
K ll hule Q					17	Date Approved DEC 01 1993					
R.L. Wheeler Jr. Supv. Admin. Svc.					By_G	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
PTISted Name					<b>I</b> .	DIST	RICTTSOF	CK VIOWA-			
1 <u>1-22-93</u>	505-	<u> 393-214</u>	4		Title.						
		Tole	phone N	0.							
THETRUCTIONS THE		14 A - 1	- <u>1</u> 3	Sec. 1 Sec.		Sector and the sector	11. J.	1447			

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.