

3 Copies
Operator District Office
JUL 1
Box 1900, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-99
See Instructions
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator
AMERADA HESS CORPORATION

Well API No.
3002504046

Address
DRAWER D, MONUMENT, NEW MEXICO 88265

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

Change in Transporter of:

Oil

Casinghead Gas

☒ Dry Gas

☐ Condensate

Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494
CHANGE LEASE NAME & NO. FR. J.L. BARR #1
TO NORTH MONUMENT G/SA UNIT BLK. 4, #13.

ORYX ENERGY CO., P.O. BOX 26300, OKLAHOMA CITY, OK 73126

II. DESCRIPTION OF WELL AND LEASE

Lease Name
NORTH MONUMENT G/SA UNIT

Well No.
13

Pool Name, including Formation
EUNICE MONUMENT G/SA

Kind of Lease
State, Federal or Fee

Lease No.

Location

Unit Letter
M

: 661.7 Feet From The
SOUTH

Line and 661.7 Feet From The
WEST

Line

Section
24

Township
19S

Range
36E

NMPM, LEA

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
Scurlock Permian

or Condensate

Name of Authorized Transporter of Casinghead Gas
WARREN PETROLEUM COMPANY

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 4648, Houston, TX - 77210

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 1589, TULSA, OK 74102

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

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

IV. 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

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. 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.

UNIT SUPERINTENDENT

Printed Name
1/1/92

Date
505-393-2144

Telephone No.

OIL CONSERVATION DIVISION

JAN 09 '92

Date Approved

By ORIGINAL SIGNED BY JERRY DEXTON
DISTRICT I SUPERVISOR

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.