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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

SUME OF NEW MEXICO F *gy, Minerals and Natural Resources Departm*

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND MATLE

| Operator | | IO INA | 11131 | OH! OIL | - AND NA | UHAL | GA | | API No. | | | | |
|--|----------------------|-----------------------------|-----------------------|---------------|--|-------------------|-------------|--------------|--|---|-------------|--|--|
| AMERADA HESS CORPORA | | | | "" | 3002504062 | | | | | | | | |
| DRAWER D, MONUMENT, | NEW MEY | ICO O | 0265 | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) | NEW MEX | 100 8 | 8265 | | Othe | T (Please | avalai. | -1 NEW | MATERIA | OD UNIT | EFFECTIV | | |
| New Well | | Change in | Тпаф | orter of: | | | | ER NO. | | | EFFECTIV | | |
| Recompletion | Oii | Oil Dry Gas U CHAI | | | | | | | | | MARTIN #1 | | |
| Change in Operator | Caunghee | | | TO N | TO NORTH MONUMENT G/ | | | | SA UNIT RIK 9 #9 | | | | |
| If change of operator give same and address of previous operator | VRON U. | S.A. I | NC., | P.O. B | OX J, SE | CTION | 724 | R, CON | CORD, CA | 94524 | | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Lease Name BLK. 9 Well No. Pool Name, Inchu | | | | | line Formation | | | | Kind of Lease Lease | | | | |
| NORTH MONUMENT G/SA | | INIT 9 EUNICE I | | | MONUMENT G/SA | | | | , Federal or F | . <u>. </u> | B218-1 | | |
| Unit LetterI | <u> : 198</u> | 0 | _ Feet I | rom The | SOUTH Line | and | 6 | 60 | eet From The | EA | ST Line | | |
| Section 25 Townshi | i p 19 | S | Range | 36E | , NN | лрм, | L | .EA | | | County | | |
| III DESIGNATION OF TRAN | JCDADTE | D 05 0 | | | | | | | | | | | |
| III. DESIGNATION OF TRAN | L X | or Condea | IL A | AD NATU | Address (Give | adress | la whi | ch commun | | <u> </u> | | | |
| SHELL PIPELINE CORPO | RATION | | | | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2648, HOUSTON, TEXAS 77001 | | | | | | | | |
| Name of Authorized Transporter of Casin WARREN PETROLEUM COM | ghead Gas | | or Dry | Gas | Address (Give address to which as | | | ch approve | oproved copy of this form is to be sent) | | | | |
| If well produces oil or liquids, | Unit | | | | P.0. | ROX 1 | .589 | , TULS | A, OK 7 | 4012 | • | | |
| give location of tanks. | 1 m 1 | Sec. 25 | Twp. 1 <i>19</i> 5 | 36 E | is gas actually | connecte | d 7 | Whe | n ? | | | | |
| If this production is commingled with that | | | pool, gi | ive commine | ing order numb | er: | | I | · · · · · · · · · · · · · · · · · · · | | | | |
| IV. COMPLETION DATA | | | | | | | | | | | | | |
| Designate Type of Completion | - (X) | Oil Well | | Gas Well | New Well | Workove | r | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded | Date Comp | Date Compl. Ready to Prod. | | | Total Depth | | | | P.B.T.D. | .l | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pr | Name of Producing Formation | | | | Top Oil/Gas Pay | | | | Tubing Depth | | | |
| Perforations | | | | | | | | | rading Depui | | | | |
| | | | | | | Depth Casing Shoe | | | | | | | |
| | CEMENTING RECORD | | | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | | <u> </u> | CACKO OFI | IPACT | | |
| | | | | 52, 111 521 | | | | SACKS CEMENT | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | ABLE | | L | | | | | | | | |
| OIL WELL (Test must be after r Date First New Oil Run To Tank | ecovery of tol | al volume | of load | oil and must | be equal to or a | exceed top | allon | able for th | is denth or he | for full 24 hou | | | |
| Date Firm New Oil Run 10 lank | Date of Tes | t | | | Producing Met | thod (Flow | , pur | φ, gas lift, | etc.) | jor jan 24 700 | 7 | | |
| Length of Test | | Casing Pressure Choke Size | | | | | | | | | | | |
| Tubing Pressure | | | | | Cooling Fletstife | | | | Choke Size | | | | |
| Actual Prod. During Test | Oil - Bbis. | | | Water - Bbis. | Water - Bbls. | | | | Gas- MCF | | | | |
| GAS WELL | | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of T | est | | | Bbis. Condens | ate AMMC | | ······ | 121-1-1 | | | | |
| Testing Mathed (-Ver 1911) | | | | | Date: Concession Mildich | | | | Gravity of Condensate | | | | |
| Tubing Pressure (Shut-in) | | | | | Casing Pressure (Shut-in) | | | | Choke Size | | | | |
| VI. OPERATOR CERTIFIC | ATE OF | COMP | IIAN | JCE | <u></u> | | | | | | | | |
| I UCIOUY COILLY LIM the files and completions of a fine | | | | | OIL CONSERVATION DIVISION | | | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | JAN 0 6 '92 | | | | | | | | |
| and anomicoge and belief. | | | | | Date Approved | | | | | | | | |
| 1 | | | | | | | | | | | | | |
| Signature ROBERT L. WILLIAMS ID SUBSTITUTE IN THE STATE OF THE STATE O | | | | | Orig. Signed by Paul Kautz | | | | | | | | |
| Printed Name Printed Name | | | | | Geologist | | | | | | | | |
| 1/1/92 Title 505 393 2144 | | | | | Title | | | | | | | | |
| Date | | Telep | phone N | - <u>C144</u> | | | | | | · | | | |

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.