Scientit 5 Coopies Appropriate District Office <u>DISTRICT 1</u> P.O. Bon 1980, Hobbe, NM 88240	State of New Mexico Pnergy, Minerals and Natural Resources Department						Form C-104 Revised 1-1-09 Set Instructions		
DISTRICT II P.O. Drawer DD, Anada, NM \$2210		OIL C	ONSERV	ATION I Box 2088	TION DIVISION			the instructions at Bottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		San	a Fe, New I		04-2088	•			
Openior	REQU	EST FC	NSPORT C	BLE AND	AUTHORI TURAL G	ZATION			
Amerada Hess Corpora				**************************************		Well	API No.		
Address ·						<u>I</u>	30-025-	04063	
Drawer D, Monument, I Readom(s) for Filing (Check proper box)	<u>New Mexi</u>	<u>co 88</u>	265	X Ou	et (Please expl	1.2.5			
icw Well		Change is '	Transporter of:		~ (1 100316 2474	зиу			
Change in Operator	Oli Casinghose		Dry Gas		I	EFFECTIV	E 11-01-9	3	
f change of operator give name ad address of previous operator									
I. DESCRIPTION OF WELL		and the second se					· · · · · · · · · · · · · · · · · · ·		
North Monument G/SA L		<b>Well No.</b> 16	Pool Name, Iach	-	0./0.		of Lease Federal or Fee	Less No.	
Location			Eunice	Monument	G/SA	June	POCCAL OF THE	<u>B-218-1</u>	
Unit Lotter P	_:3	30	Feet From The	South Lin	e and	<u>330</u> F	ect From The	East	
Section 25 Townsh	ip 195		Range 36E	. N	MPM	1	Lea		
II. DESIGNATION OF TRAN	NSP <b>ØRTE</b> I	EGROI	LAND NAT					Coun	
and of reactorized traceporte of Oil		fiective 2		Address (Gi	e address to w	hich approved	l copy of this form	is to be sent)	
EOTT Oil Pipeline Co.				P.O. Box 4666, Houstor Address (Give address to which approved			1. Texas 77210-4666		
Warren Petroleum Comp	any			<u> </u>	ox 1589,	Tulsa.	Copy of this form OK 74102	i is to be sent)	
f well produces oil or liquids, ive location of tanks.	Unit	Sec.   25	Twp. Re 195 36E	e. Is gas actual	y connected?	When	17		
this production is commingled with that V. COMPLETION DATA	from any othe	r lease or p	ool, give commin	igling order sum	ber:	I			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back Sa	me Res'v Diff Re	
Date Spudded	Date Compl	l. Ready to	Prod.	Total Depth	J	I	   P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
erforations									
							Depth Casing S	hoe .	
	π	UBING, C	CASING ANI	CEMENTI	NG RECOR	D			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
	•								
· · · · · · · · · · · · · · · · · · ·									
. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE						
IL WELL (Test must be after r nete First New Oil Run To Tank	Date of Test	al volume of	load oil and mu	st be equal to or	exceed top all	owable for this	s depth or be for j	full 24 hours.)	
eagth of Test				Producing M	thad (Flow, pi	imp, gas lift, e	HC.)		
water of test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size	
ctual Prod. During Test	Oil - Bbla.			Water - Bbis.	Water - Bbis.			Gas- MCF	
	<u> </u>							• • • • • • • • • • • • • • • • • • •	
JAS WELL				Dia Carda	sue/MMCF		12	· · · · · · · · · · · · · · · · · · ·	
	Length of Te	<b>1</b>		I DOWN & LOWING			Gravity of Cond	Sen anta	
ctual Prod. Test - MCF/D							Contray of Cont		
ctual Prod. Test - MCF/D sting Method (pisot, back pr.)	Tubing Press	nure (Shut-in	-	Casing Press		······	Choke Size		
ctual Frod. Test - MCF/D sting Method (pitol, back pr.)	Tubing Press	ure (Shut-li	TANCE	Casing Press	ure (Shut-la)		Choke Size		
ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC I hereby certify that the rules and regult Division have been complied with and	Tubing Press ATE OF ( ations of the O	Rure (Shut-la COMPI bil Conservs	IANCE	Casing Press	ure (Shut-la)	ISERV			
sting Method (pitot, back pr.)	Tubing Press ATE OF ( ations of the O	Rure (Shut-la COMPI bil Conservs	IANCE	Casing Press.	DIL CON		Choke Size		
I. OPERATOR CERTIFIC. I hereby certify that the rules and regult Division have been complied with and i is true and complete to the best of my h	Tubing Press ATE OF ( ations of the O	Rure (Shut-la COMPI bil Conservs	IANCE	Casing Press.	DIL CON	d <u>DEC</u>	Choke Size ATION DI () 1 1993	VISION	
Signature R.L. Wheeler Jr.	Tubing Press ATE OF ( ations of the O that the inform knowledge and	ture (Shut-in COMPI Ni Conservs Nation gives I belief.	IANCE tion above	Casing Press.	DIL CON Approve	d <u>DEC</u> I signed a	Choke Size	VISION	
Actual Prod. Test - MCF/D esting Method (pilot, back pr.) T. OPERATOR CERTIFIC. I hereby certify that the rules and regult Division have been complied with and i is true and complete to the best of any h Signature R.L. Wheeler Jr. Printed Name	Tubing Press ATE OF ( ations of the O that the inform the wiedge and Supv. A	Rure (Shut-la COMPI bil Conservs bation given belief. ddmin. T	LANCE tion above	Casing Press. ( Date By	DIL CON Approve ORIGINA	d <u>DEC</u> I signed a	Choke Size ATION DI 0 1 1993 BY JERRY SEX	VISION	
Inclual Prod. Test - MCF/D Setting Method (pilot, back pr.) T. OPERATOR CERTIFIC. I hereby certify that the rules and regult Division have been complied with and I is true and complete to the best of my h Signature R.L. Wheeler Jr.	Tubing Press ATE OF ( ations of the O that the inform knowledge and Supv. A 50	Rure (Shut-le COMPI bil Conserves nation gives belief. ddmin. T 5-393-1 Tel:pb	LANCE tion above Svc. tile 2144 cons No.	Casing Press. ( Date By Title	DIL CON Approve Original	d <u>DEC</u> L signed e <del>strict i si</del>	Choke Size ATION DI 0 1 1993 BY JERRY SEX UPERVISOR	VISION	

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2) All sections of this form must be filled out for allowable on new and secompleted 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 Roam C-104 must be filed for each pool in multiply completed wells.