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

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

En

State of New Mexico Minerals and Natural Resources Departmen'

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

NCT III No Brazos R4., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMERADA HESS CORPOR		3002504063									
Address DRAWER D, MONUMENT,	NEN MEVT	LU 88.	265							i	
Reason(s) for Filing (Check proper box New Well Recompletion	r)	Change in 1		. 🛚	1/1/92. CHANGE	ORDER ORDER LEASE NA H MONUME	NO. ME & NO.	R-9494 FR. LO	LA MART		
	HEVRON U.S									10.	
L DESCRIPTION OF WEL	L AND LEA	SE									
	K. 9	9 Well No. Pool Name, Includi			-		Kind of Lease State, Federal or Fee		ne Na 18 – /		
Unit Letter P	:330	<u> </u>	Feet Fr	oon The	OUTH Line	bas	330 Fe	et From The		EAST Line	
Section 25 Town	nuhip 198)	Range	36E	, NN	<u>(PM, l</u>	EA			County	
II. DESIGNATION OF TR Name of Authorized Transporter of O		R OF OI		D NATU		address to wi	hich approved	come of this f	orm is to be a	ent)	
	PELINE CORPORATION ad Transporter of Casinghead Gas X or Dry Gas			Gas	P.O. BOX 2648, HOUSTO Address (Give address to which approved P.O. BOX 1589, TULSA,			N. TEXAS 77001 copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit 7	Unit Sec. Twp. Rge.			is gas actually	<u> </u>	When 7				
f this production is commingled with V. COMPLETION DATA						ber:					
Designate Type of Complete	ion - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth	I		P.B.T.D.	.I		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			<u> </u>	Top Oil/Gas Pay			Tubing Depth				
Perforations					<u> </u>			Depth Casing Shoe			
					CEMENTI	NG RECO	RD	!			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQ	UEST FOR 7	Haw	IRIF								
OIL WELL (Test must be a	her recovery of to				t be equal to o	exceed top al	lowable for th	is depth or be	for full 24 ha	ners.)	
ate First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.			Water - Bbia			Gas- MCF			
GAS WELL			-, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u></u>	•		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pro	Tubing Pressure (Shus-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTI	FICATE OF	COMI	PLIA	NCE	1	011 00			· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above in true and complete to the best of my/knowledge and belief.						OIL CONSERVATION DIVISION					
is due and complete to the best of	my knowledge a	ind belief.			Date	e Approv	ed	JAN	07'92		
Signature ROBERT L. WILLIAMS	JR.	SUPER	UNIT INTE	NDENT	By_	_drigin@	<u> Parkson</u> Moracon e			· · · · · · · · · · · · · · · · · · ·	
Printed Name		505-	Title	2144	Title)	,				
INSTRUCTIONS: This			-paris								

s 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.