Form C-104 Revised February 10, 1994

PO Drawer DD, Artesla, NM \$8211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088

Instructions on back Submit to Appropriate District Office
5 Copies

| DRAWER D | REQUEST | FOR A | LLOWAE | BLE A | NID AT | | | | | MENDED REPO | | | |
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| AMERADA HES | • | Orestor | LLU IIIL | <i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i> | | 11 11/110 | 17 47 | TON TO THE | 2 1 1 1 2 5 6 1 | | | | |
| DRAWER D | | | me and Address | 1 | IND AC | THOR | IZAI | ION TO TI | CANSPO! | | | | |
| | AMERADA HESS CORPORATION | | | | | | | | | 000495 | | | |
| | MONUMENT, NEW MEXICO 88265 | | | | | | | | ² Reason for Filing Code | | | | |
| 4 API Numb | | | | | | ···· | | | CG | | | | |
| 30 - 0 25-04117 | IT G/ | Fool Name | | | | | 1 Pool Code | | | | | | |
| Property C | ode | LONIO | E MONUMEN | Property Name | | | 23000 * Well Number | | | | | | |
| 000135 | | NORTH | MONUMEN | T G/S | A UNIT | BLK. | 13 | | 13 | | | | |
| I. 10 Surfac | e Location | Range | Lot.lda | | om the | | | | | | | | |
| M 35 | 198 | 36E | Localua | | | | | | East/West E | e County | | | |
| | Hole Loca | Hole Location 660 SOL | | SOUT | Н | 660 WEST LEA | | | | | | | |
| UL or lot no. Section | Township | Range | Lot Ida | Feet fi | om the | North/So | uth fine | Feet from the | Fast/West Mr | e County | | | |
| " Lee Code " Prodi | <u> </u> | <u> </u> | | | | | | | | | | | |
| " Lae Code " Prod | cing Method Cod | * Сы | Connection Date | • " | C-129 Permi | t Number | ' | C-129 Effective I | Vate 17 | C-129 Expiration Date | | | |
| I. Oil and Gas | Transporte | ers. | | | | | J | | | | | | |
| Transporter OGRID | | и POD и O/G | | | 22 POD ULSTR Location | | | | | | | | |
| | ESTOON DUE | | | | | | | | and Description | | | | |
| | 1670 BROADWAY | | | | | 20610 0 | | | UNIT F, SEC. 35, T19S, R36E NMGSAU BTRY. NO. 51. | | | | |
| i . | DENVER, CO | | | | | | | | | | | | |
| 24650 WARREN PETROLEUM COMPANY P.O. BOX 1589 | | | | | 2807099 G | | | UNIT F, SEC. 35, T19S, R36E GAS SOLD THROUGH WARREN METE | | | | | |
| | TULSA, OKL | AHOMA | 74102 | | | | | NO. 07 AT | BTRY. N | WARREN METE 10. 51 | | | |
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| /. Produced W | | | | | | | | | | | | | |
| 20650 | UNIT | SEC. | 35, T199 | S, R3 | 6E POD ULS | TR Locatio | n and De | scription | | | | | |
| Well Comple | etion Data | K DISPO | SED BY R | ICE E | NGINEE | RING A | Į BTR | Y. 51. | · | | | | |
| B Spud Date | | Heady Da | le | · | n TD | | | * PBTD | | ** Perforations | | | |
| Hole Siz | | | | - | | | | | | | | | |
| Tiole Size | | 11 Casing & Tubing Size | | | n Depth Set | | | | ²⁸ Sacia Cement | | | | |
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| . Well Test D | | | | | | | | | | | | | |
| M Date New Oil M Gas De | | livery Date M Test Date | | Date | ²⁷ Test Length | | "The Pressure | | " Cag. Pressure | | | | |
| " Choke Size | # OI | " OII - | | lee | ⁴ Gas | | | | | • | | | |
| | | | | | Gas | | " AOF | | *Test Method | | | | |
| bereby certify that the r h and that the information | ules of the Oil Cons | servation Div | ision have been o | omplied | CC CC | | | - | | | | | |
| rayledge and belief. | 11/1/ | 1 | | шу | | | CON | SERVATIO | N DIVIS | ION | | | |
| | Thelle of | , | | | Approved b | y: | ORIGI | NÁI S CNES | TY JERRY : | MOTKE! | | | |
| oled name: | HEELER, JR | | | | Title: | | | plant GGP is | Uranvib©i | | | | |
| nted name: R.L. W | | ADMIN. SVC. COORD. | | | | | | Approval Date: JUN 2 0 1994 | | | | | |
| nted name: R.L. W | . COORD. | The same of | | | | | ال | <u>un 2</u> 0 199 | 94 | | | | |
| e: ADMIN. SVC | . COORD. | hous (50 | 5) 393-21 | 44 | | | | UN 2 0 199 | 94 | | | | |
| e: ADMIN. SVC 6: 6-9-94 This is a change of ope | . COORD. | GRID aumb | 5) 393-21 er and name of | 44 the previ | | | <u> </u> === | <u>UN 2 0 199</u> | 94 | | | | |

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include 3.

Add gas transporter
Change gas transporter
Request for test allowable (include volume requested) if for any other reason write that reason in this box.

4. The API number of this well

- 5. The name of the pool for this completion
- R The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12. SPIND
- Navajo Ute Mountain Ute Other Indian Tribe 13.
- The producing method code from the following table:

 F . Flowing
 P . Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.

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21. Product code from the following table:
O Oil
G Gas

- T! e ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. . 23.
 - The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
 - MO/DA/YR drilling commenced 25.
 - MO/DA/YR this completion was ready to produce
 - 27. Total vertical depth of the well
 - 28. Plugback vertical depth
 - Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
 - 30. Inside diameter of the well bore
 - Outside diameter of the casing and tubing 31.
 - Depth of casing and tubing. If a casing finer show top and bottom. 32.
 - Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well: F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

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JUN : 1994