brait 5 Copies propriete District Office STRUCTI O. Box 1980, Hobbs, NM 88240

DISTRICT E P.O. Deswer DD, Astocia, NM 88210

DIRECTA FICH MEXICO Energ linerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

TO TRANSPORT OIL AND NATURAL GAS

MSTRICT III 1000 Rio Benzos RA., Asiec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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AMERADA HESS CORPORAT	ION					<u>l</u>	3002504	+122 0	
Idrees	ELI MEVI	ורח פנ	2265						
DRAWER D, MONUMENT, N	EM MEVI	100 00	5203	Other	(Please explai	JINEW W	ATERFLOOI	D UNIT E	FFECTIVE
asca(s) for Filing (Check proper box)		Channe in '	Transporter of:	1/1	/92.0F	RDER NO	. R	-9494	•
w Well	Oii '		Dry Gas	AĹS	O, CHANG	SE NAME	FR. W.A	. WEIR #	8 TO
completios	Casingheed		Condensate	NOF	TH MONUM	MENT G/	SA UNIT	BLK. 13,	#4.
sage is Operator	Catagoria	<u> </u>							
finage of operator give same I address of previous operator									
DESCRIPTION OF WELL A	IND LEA	SE							
BLK.	13	Well No.	Pool Name, Includir	g Formation			of Lease , Federal or Fe	_	ese No.
NORTH MONUMENT G/SA U	JNIT	4	EUNICE MO	NUMENT (i/SA	State	, recent or re		
ocation					c.c.	`		WEST	
Unit LetterD	:660	0	Feet From The	KIH Line	and660	I	Feet From The	MEDI	Line
	100		265		idad LEA	۸			County
Section 35 Township	, 198		Range 36E	, NM	IPM, LE				County
	CDADTE	D OF O	EE - AND NATEU	DAT GAS					
II. DESIGNATION OF TRANS	SPURIE	or Condea	Date (Address (Giw	address to wi	rich approv	id copy of this	form is to be s	eni)
TEXAS NEW MEXICO PIPE	ELTNE C		لــا	1670	BROADWA	Y, DENV	/ER, CO	80202	
Name of Authorized Transporter of Casing	head Cas		or Dry Cas	Address (Giw	address to w	tich approv	ed copy of this	form is to be s	ent)
NORTHERN NATURAL GAS	COMPAN	Υ					OMAHA, N	IEBRASKA	68102
Y well produces oil or liquids,	Unit	Sec.	Twp. Rge.	is gas actually	connected?	Wh	en ?		
ive location of tanks.	F	35	195 36 E	<u> </u>	 				
this production is commingled with that f	from any oth	er lease or	pool, give comming	ing order numb	er:				
V. COMPLETION DATA		lou mu		N W-11	Wadawa	I Danse	Dive Beck	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	I LIDE DUCK	1 saute Kes v	1
Date Spudded		pl. Ready W	o Prod.	Total Depth	·	1	P.B.T.D.	_1	
		,		'			1.2		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Form				Top Oil/Gas Pay				Tubing Depth	
CRYSUMD (<i>DT</i> , AND, A1 , UK, G C.)	Name of P	roducing F	ormation	Top Oil/Gas	Pay		Tubing De	pth	
ERTEUCIS (DF, KAD, KI, UK, GC.)	Name of P	roducing F	ormation	Top Oil/Gas	Pay		Tubing De	pth	
Perforations	Name of P	roducing F	ormation	Top Oil/Gas	Pay		Tubing De		
·	Name of P	roducing F	ormation .	Top Oil/Gas	Pay				
Perforations			, CASING AND			SD.			
	1	TUBING							MENT
Perforations	1	TUBING	, CASING AND		NG RECO			ing Shoe	MENT
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Perforations	1	TUBING	, CASING AND		NG RECO			ing Shoe	MENT
Perforations HOLE SIZE	CA	TUBING ISING & T	, CASING AND UBING SIZE		NG RECO			ing Shoe	MENT
HOLE SIZE V. TEST DATA AND REQUES	CA ST FOR A	TUBING ISING & T	, CASING AND UBING SIZE	CEMENTI	NG RECOR		Depth Cas	SACKS CEI	
HOLE SIZE V. TEST DATA AND REQUES OIL WELL (Test must be after t	CA ST FOR A	IUBING ISING & T ALLOW	, CASING AND UBING SIZE	CEMENTI	NG RECORDEPTH SET	lowable for	Depth Cas	SACKS CEI	
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HOLE SIZE W. TEST DATA AND REQUES OIL WELL (Test must be after to Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Frod. Test - MCF/D Testing Method (picot, back pr.)	CA CA ST FOR A recovery of the Date of To Tubing Pr Oil - Bbls Length of Tubing Pr	TUBING & T ALLOW Lotal volume est Test Test	CASING AND UBING SIZE ABLE of load oil and mus	CEMENTI It be equal to o Producing M Casing Press Water - Bbli	NG RECORDEPTH SET	lowable for	this depth or b Choke Siz	SACKS CEI	
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d 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 1, 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.