Submit 5 Capies ICT | al 1980, Habbs, NM 88240

DISTRICT II P.O. DEEVER DD, Asteria, NM \$8210

State of New Mexico E y, Minerals and Natural Resources Departme

Ferm C-104 ā i-1-99

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

DISTRICT III 1000 Rio Berros Rd., Aziac, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Desision	.0					Well AP	Na.			
•	TON					1		142		
AMERADA HESS CORPORATION					<u> </u>	. 1	3002504142			
		00005								
DRAWER D, MONUMENT, N	EW MEXICO	00205		Other	(Please explain	NEW WAT	FRELOOD		FFCTIVE	
leason(s) for Filing (Check proper box)		1/92. OR			R-9494	U I I V L				
· · · · · · · · · · · · · · · · · · ·	Oil	nge in Transports			SO, CHANG				TO	
Recompletion L	Casingheed Ga				RTH MONUM	IENT G/S	A LINIT	BLK 10	#3	
			<u>~ L</u>	NU		<u> </u>	n unti	JER. 17		
change of operator give seams										
I. DESCRIPTION OF WELL	ND I FACE	I								
			ne, lactuding	Formation	. <u></u>	Kind of	Lease	la	ese Na.	
	17			-	/ 5 /	1	ederal or Fee			
NORTH MONUMENT G/SA U		J LUN	ILE MU	NUMENT G	<u></u>					
Location	~~~		K 14	ορτι	1000			WEST		
Unit LetterC	:660	Feet Pro	m The	UKIH Line	and <u>1980</u>	Fee	t From The _	WEDI	Lipe	
	000	_	265			EA			Carrot	
Section Township	<u>20S</u>	Range	<u>36E</u>	, <u>NM</u>	IPM, L	LM			County	
II DECIONATION OF TRAN	5000TED /									
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		DF UIL AND Condensate r		Address (Giw	address to whi	ch approved	copy of this f	orm is to be se	ní)	
TEXAS NEW MEXICO PIPE	LA	L L			BROADWAY					
Name of Authorized Transporter of Casing	head Gas	Y or Dry (24.0		address to whi					
WARDEN DETROLEUM COM	-				BOX 1589					
If well produces oil or liquids,	Unit Se		Rge.	is gas actually		When				
rive location of tanks.	F		36E			İ				
If this production is commingled with that I	from any other is			ag order aumb	er:					
IV. COMPLETION DATA	-		-							
		Well G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		İ	, i				-	Í.	1	
Date Spudded	Date Compl. 3	leady to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perfonitiona							Depth Casing Shoe			
						••••				
	TUBING, CASING AND			CEMENTI	NG RECOR	D				
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	·		······	l						
V TECT DATA AND BEAUE	T FOR T	OWIELE		L			1			
V. TEST DATA AND REQUE										
OIL WELL (Test must be after) Date First New Oil Run To Tank		volume of load a	oil and must					e for full 24 ho	wrs.)	
LOUG FIRE IVEW OIL KUE IO 1858	Date of Test			Producing M	lethod (Flow, pi	emp, gas lift,	eic.)			
Length of Test	Tubine Di			Contact					<u>. </u>	
	Tubing Pressure			Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbla	Oli - Bbis.			Water - Bbla.			Gas- MCF		
GAS WELL				.1	· · · · · · · · · · · · · · · · · · ·		· .			
Actual Prod. Test - MCF/D	Length of Ter								-	
	restint of 168			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)			Carina Dar						
			Casing Presi	ure (Shut-in)		Choke Siz	CHOKE SIZE			
VI OPEDATOD CEDTING				- _[<u> </u>			
VI. OPERATOR CERTIFIC		.OMPLIAN	NCE				ATION		<u></u>	
I bereby certify that the rules and regu Division have been complied with and	that the inform	ation aluan aba	-		OIL COI	NJEHV	ATION	UNIS	UN	
is true and complete to the best of my	knowledge and	belief.	6							
$ \rangle ((//.))^{+}$		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Dat	e Approve	ed be				
				Date Approved						
Signature UNIT				Ву						
ROBERT L. WILLIAMS, J	R	UNII	IDENT		<u>*</u> *_	<u>1</u>				
Printed Name		Title		T14	_		7			
<u>1/1/92</u>		<u>505-393-2</u>	144		9					
		Telephone	No.	11						

INSTRUCTEONS: This form is to be filed in completence 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.