Submit 5 Copies Appropriate DISTRICT 1 P.O. Box 19 1980, Hobbe, NM 88240

HCT II Hower DD, Astesia, NM 88210 **DIXI P.O.** 

State of New Mexico												
Energ		finerals and Natural Resources Department										

**OIL CONSERVATION DIVISION** 

P.O. Box 2988 Santa Fe. New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

TRICT III 10 Rio Brizzos Rd., Aziec, NM 87410	REQUE	ST FOR	ALLOWABL	E AND A	UTHORIZA					
	T(	O TRANS	PORT OIL A	ND NATI	URAL GAS	Well AP	No.			
AMERADA HESS CORPORA	TION				3002504151					
fress										
DRAWER D, MONUMENT,	NEW MEXI	<u>CO 8826</u>	5	C Other	(Please explain	NEW W		UNIT F	FFFCTI	
ason(s) for Filing (Check proper box)	(	Change in Tran	sporter of:	1/1/92.	ORDER N		R-94			
w Well	Oil	Dry	Ges 🗌	CHANGE 1	LEASE NAM	E & NO.	FR. NEW	MEXICO	E STAT	
ange in Operator	Casinghead		densate		1 TO NORT			<u>UNIT BL</u>	<u>K. 19.</u>	
hange of operator give same	EXACO EXP	L. & PRC	DD. INC.,	P.O. BOX	X 730, HO	BBS, NM	88240			
address of previous operator		<u> </u>								
DESCRIPTION OF WELL BL	K. 19 I	SE Well No.   Poo	I Name, Including				of Lease		e No.	
NORTH MONUMENT G/SA		13	EUNICE MC		G/SA	State, F	ederal or Fee	<u>B-15</u>	4-4	
ocation						· 0		UE	ст.	
Unit Letter	: <u>660</u>	Fee	t From The	OUTH Line	and66	0 Fœ	t From The	WE	ST Line	
· · 1 •	hin 203	S Rai	36E	NI	ирм, L	.EA			County	
Section 1 Towns	<u>110 200</u>	Kal		, 144						
I. DESIGNATION OF TRA	NSPORTEI	R OF OIL	AND NATUR	AL GAS				. is to be sent		
ame of Authorized Transporter of Oil	r-X	or Condensate		Ad Iress (Giw	e address to whi				,	
TEXAS-NEW MEXICO PI		DRPORATIO		10/U	BROADWAY	ich annraved	corry of this form	n is to be sent	)	
ame of Authorized Transporter of Casi WARREN PETROLEUM CO		L_J X or	Dry Gas 🚞		BOX 1589					
well produces oil or liquide,		Sec. Tw		ls gas actually		When				
ve location of tanks.	N		05 36 E							
this production is commingled with the	at from any othe	er lease or pool	i, give commingli	ng order num	ber:	. <u> </u>			·····	
V. COMPLETION DATA Designate Type of Completio		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Complete		I. Ready to Pr	 od.	Total Depth	1	L.,	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing Form	ation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
erforations						<u> </u>	Depth Casing	Shoe		
	]	UBING. C	ASING AND	CEMENTI	ING RECOR	D				
HOLE SIZE		SING & TUB			DEPTH SET		S	ACKS CEME	NT	
		÷ · · -					_			
. TEST DATA AND REQU	EST FOR /	ALLOWAR	BLE	<u>.                                    </u>						
OIL WELL (Test must be aft			load oil and mus					or full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Te	est.		Froducing N	Aethod (Flow, p	ump, gas lift,	elc.)			
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure					
	Tuong II	ruonig ricesuic								
Actual Prod. During Test	Oil - Bbls	•	<u> </u>	Water - Bbl	8.		Gas- MCF			
				<u> </u>						
GAS WELL										
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Cond	ensute/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
			LANGE	-\		<u> </u>		<u> </u>		
VI. OPERATOR CERTIF						NSER\	ATION	DIVISIO	NC	
I hereby certify that the rules and r Division have been complied with	and that the inf	ormation given						_		
is true and complete to the best of my knowledge and belief.					Date ApprovedJAN 0 9 '92					
- \)   (// \{	Д	()					· · · · · · ·			
K X X L	<u>klin</u>		· · ·	B.						
Signature ROBERT L. WILLIAMS	JR.		IT RINTENDENT	11 4			······			
Printed Name			Title		e					
1/1/02				11 140	Ū					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1/1/92 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

505-393-2144 Telephone No.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.