Substate S Copies Approximation of the second se

TRICT R Drever DD, Asseis, NM \$8210 DISTRICT III 1000 Rio Briace Rd., Asiec, NM 87410

State of New Mexico y, Minerals and Natural Resources Departmy

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•						AND NAT						
Openator				Well	API No. O	4248						
Amerada Hess Con						30-025- 23471						
dires	<u> </u>				<u></u>							
Drawer D, Monum		lew Mex	<u>ico 88</u>	3265								
(enson(s) for Filing (Check prope	box)	_				X Other	(Please expl	ain)				
iew Well			bange in Ti N∏ -			L f f a a		1 0 2				
		Où Contant a du)ry Ga Conden		Errec	tive 11	-1-93				
hange is Operator		Casinghead		.08068		·····						
change of operator give name of address of previous operator				·								
L DESCRIPTION OF V	ELL A	ND LEAS	SE									
Lease Name			Well No. F	ool N	ame, Includis	e, Including Formation			Kind of Lease		Lease No.	
State "Z"			1	Eun	ice Mor	ument G/SA		Sal	, Federal or Fee	8-	1381	
Location										- .		
Unit Lotier	<u>A</u>	:	<u>660</u> 1	Feet Fr	rom The <u>NC</u>	orth Line	and	660	Feet From The _	East	Line	
10		200		_	265				Lea		County	
Section 13	Township	205		Range	<u>36E</u>	<u>, NN</u>	APM,		Lea	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	County	
II. DESIGNATION OF	TRANS	PORTER	OF ON	L AN	ID NATU	RAL GAS						
Name of Authorized Transporter	of Oil		or Condens			Address (Giw	e address to v	which approv	ed copy of this f	orm is to be se	end)	
EOTT Oil Pipeli	ne Co									<u>on, Texas 77210–4666</u>		
Name of Authorized Transporter			XI O	or Dry	Gus/	1			ed copy of this f		ent)	
Warren Petroleu	m Com			<u> </u>					sa, OK 7	4102		
If well produces oil or liquids, jve location of tanks.				Twp.	Rge.	Is gas actually	y connected?	Wh	en ?			
f this production is commingled	with that f	A		205	<u>36E</u>	Yes		L				
V. COMPLETION DAT			a sease of p	, y	ve constante		·····					
· · · · · · · · · · · · · · · · · · ·			Oil Well	-T-	Ges Well	New Well	Workover	Deeper	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Com	pletion -		İ	1		İ	İ	<u> </u>	<u> </u>	1		
Date Spudded		Date Comp	I. Ready to	Prod.		Total Depth			P.B.T.D.			
						Top Oil/Gas	Pau					
Elevations (DF, RKB, RT, GR, d	Name of Producing Formation							Tubing Dep	Tubing Depth			
Perforations					l			Depth Casi	Depth Casing Shoe			
										•••••		
		Ť	UBING.	CAS	ING AND	CEMENTI	NG RECO	RD	······································			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
<u></u>		 				_						
			<u> </u>			·						
V. TEST DATA AND R	FOUES	TFORA	LLOW		7	J			l			
	-					t be equal to o	r exceed top a	allowable for	this depth or be	for full 24 ho	ners.)	
Date First New Oil Rus To Tan	Date of Test					lethod (Flow,						
•												
Length of Test		Tubing Pre	\$F 178			Casing Press	NIC		Choke Size	t		
Actual Prod. During Test						Water - Bbls.			Gas- MCF			
Actual From Daning Leas		Oil - Bbls.				Water - Doll	L.		Ua- MCr			
	<u> </u>	J			<u></u>	_l						
GAS WELL		Length of	Test			Dhie Conde	a sate/MMCF		10-10-11	Condenaute	<u> </u>	
Actual Floid Teak - Michiel		reakin or	1 (284			Boil. Coloe	annowinch		Gravity or	Conceptate		
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CEF	TIFIC	ATE OF	COMP	ALIA	NCE	-1						
hereby certify that the rules	and regul	ations of the	Oil Conser	vation			OIL. CC	DNSER	VATION	DIVISI	ON	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved NOV 1 8 1993						
		rnowledge r	nd belief.			Dat	e Approv	ved <u>NU</u>	18 199	3		
1 Duil. l.	Λ											
Signature					By_	ByORIGINAL SIGNED BY JERRY SEXTON						
Signature R.L. Wheeler Jr	<u>Supv. Admin. Svc.</u>					DISTRICT I SUPERVISOR						
Pristed Name				Title		Title	Э					
<u>11-01-93</u>		50	<u>-393-</u>									
			Tele	rphone	· 140.	11						

INSTRUCTIONS: This 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 with Rule 111.

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

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.

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