damit 5 Copies ppropriate District Office .0. B ICI 00, Hobbs, NM 88240

T.I. wer DD, Antonia, NEM 88210

VISTRICT III 1000 Rio Brasos Rd., Aziec, NM 87410

, حصب	State of New Mexico	
Ener	Minerals and Natural Resources Department)î

4 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088

Sama Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION AND NATURAL GAS

	T	UTHAN	1320	JHI UILA			Wal	API	No.					
									3002505568					
AMERADA HESS CORPORATI	011													
DRAWER D, MONUMENT, NE	W MEXI	0 882	65		VI 04-	(Place and	Lain) NEW	MΔ	TERFI OOD	UNIT F	FFECTI			
sos(s) for Filing (Check proper box)			1		<u> </u>	Other (Please explain) NEW WA 1/1/92. ORDER NO.				TERFLOOD UNIT EFFECTIN R-9494				
r Well			i nasipo Dry Gi		сн/	ANGE LEA	ASE NAM	Ε&	NO. FR.	STATE	A 7 #1			
ompletice L	Oii Caalagheed	in the second	Conde	-	TO	NORTH N	NONUMEN	ΤG	<u>/SA_UNIT</u>	BLK. 1	<u>, #9.</u>			
age in Operator	Canada													
address of previous operator														
DESCRIPTION OF WELL	AND LE	SE		RMERLY E		ALES /RU	Ki	nd of	Lease	Le	ne No.			
BLK.	1	Well No. 9		NICE MON		/SA	Su	ste, Fe	deral or Fee	B-26	56			
NORTH MONUMENT G/SA UI	111	9		NICE HON										
cation	. 198	0	Foot I	From The OUT	H Lin	bas	660	_ Feet	From The	EAST	Line			
Unit Lotter											County			
Section 7 Townshi	p 195		Rang	• 37E	,N	MPM,	LEA							
. DESIGNATION OF TRAN	SPORTE	or Conden			Address (Gi	ne address to	which appr	oved c	opy of this for	m is to be se	nt)			
TA'D														
ame of Authorized Transporter of Casin	ghead Oas		or D	ry Ges	P.ddress (Gi	ve address to	which appr	oved	opy of this fo	rm 13 10 De 3e	nu j			
			1			ly connected	7	Vhen	7					
well produces oil or liquids, re location of tanks.	Unit	Sec.	Twp. 1	. Rge. 		ы у ««ш олло								
this production is commingled with that	from any o	ther lease or	pool,	give comming	ing order nur	nber:								
. COMPLETION DATA			•					¥			Diff Bee			
		Oil Wel	n I	Gas Well	New Wel	Workove	r Deep	pen	Plug Back	Same Res V	Diff Res'			
Designate Type of Completion					Total Dept				P.B.T.D.	1				
ate Spudded	Date Co	npl. Ready (10 1700	L										
levations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
erforations									Depth Casis	ng Shoe				
									<u> </u>					
				SING AND	CEMEN				1	SACKS CE	JENT			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET								
														
								<u></u>						
. TEST DATA AND REQU	EST FOR	R ALLOV	VAB					for th	in doubh an be	Cor 611 74 h				
DIL WELL (Test must be after Data First New Oll Rus To Task	Data of		ne of la	oad oil and mu	Producine	Method (Fla	m auowaoie	as lift.	etc.)					
	Date (4	ICK												
Leagth of Test	Tubing	Tubing Pressure				Casing Pressure			Choke Size					
		_				Water - Bbls.			Gai-MCF					
Actual Prod. During Test	Oil - B	Oil - Bbls.				Water - Dolk.			Out- MCI					
									_1		• •			
GAS WELL Actual Prod. Text - MCF/D	Length	of Test			Bhis Co	densate/MM	CF		Gavity	Condensate	<u> </u>			
	_													
Testing Method (pitot, back pr.)	Tubin	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
				<u> </u>										
VL OPERATOR CERTIF	ICATE	OF CON	MPL	IANCE	-11									
I hereby certify that the rules and r	textations of	the Oil Co	neerval	lion		Oil C	CONSE	ER	VATION	1 DIVIS	SION			
Division have been complied with is true and complete to the best of	and that the	information	given f.	above					JA	AN 16)			
P ANN		an and belie	.		D	ate App	roved .				4 dan.			
	L				11									
Signature	~~~~~	· #	UN	IT	· B	ly <u>Care</u>	t Alexandro de Constante El Alexandro de Constante El Alexandro de Constante	14 go 	BY JFREY WPERVISO					
ROBERT L. WILLIAMS. Printed Name	_JR	SUP	ERIN	ITENDENT_	- 11									
1/1/92		FO		Title 33-2144	ר ד	itle					<u> </u>			
Dute		50		bone No.	- 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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