

DISTRICT III
1000 Rio Arriba Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO TRANSPORT OIL AND NATURAL GAS		Well API No.
Operator AMERADA HESS CORPORATION		3002505577
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/>	<input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 CHANGE LEASE NAME & NO. FR. ELBERT SHIPP NCT B#1 TO NORTH MONUMENT G/SA UNIT BLK. 1, #12.
Recompletion	<input type="checkbox"/>	
Change in Operator	<input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator		
Change in Transporter of:		
Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>	
CHEVRON U.S.A. INC., P.O. BOX J, SECTION 724R, CONCORD, CA 94524		

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	BLK. 1	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or <u>Fee</u>	
NORTH MONUMENT G/SA UNIT	12	EUNICE MONUMENT G/SA			
Location					
Unit Letter	L	: 1980	Feet From The	SOUTH	Line and 660 Feet From The EAST Line
Section	8	Township	19S	Range	37E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
SHELL PIPELINE CORPORATION		P.O. BOX 2648, HOUSTON, TEXAS 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
WARREN PETROLEUM COMPANY		P.O. BOX 1589, TULSA, OK 74102		
If well produces oil or liquids, give fraction of tanks.	Unit	Sec.	Twp.	Rge.
	E	8	19S	37E
Is gas actually connected?		When?		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top of Producing Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Deslaurier

Signature	UNIT
ROBERT L. WILLIAMS, JR.	SUPERINTENDENT
Printed Name	Title
1/1/92	505-393-2144
Date	Telephone No.

OIL CONSERVATION DIVISION

JAN 13 '92

Date Approved

Orig. Signed by
Paul Kautz
Geologist

By

Title

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.
- 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.