

## OIL CONSERVATION DIVISION

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**L**

Operator AMERADA HESS CORPORATION		Well API No. 3002505621
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 CHANGE LEASE NAME & NO. FR. STATE J #3 TO NORTH MONUMENT G/SA UNIT BLK. 3, #6.
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator TEXACO EXPL. & PROD. INC., P.O. BOX 730, HOBBS, NM. 88240		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTH MONUMENT G/SA UNIT	BLK. 3 6	Well No. 6	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No. B-2330-10
Location					
Unit Letter	F	:	1980	Feet From The	NORTH
				Line and	1980
				Feet From The	WEST
				Line	
Section	17	Township	19S	Range	37E
				NMPM	LEA
					County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
TEXAS-NEW MEXICO PIPELINE COMPANY					1670 BROADWAY, DENVER, CO. 80202	
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 location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	N	17	19S	37E		

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

#### IV. COMPLETION DATA

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

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

**OIL CONSERVATION DIVISION**

Date Approved JAN 09 '92

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

**Title** \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104  
1) Request for allowable for each item

- 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.