

OIL CONSERVATION DIVISION

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

DISTRICT II
 P.O. Drawer DD, Aztec, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMERADA HESS CORPORATION	Well API No. 3002505627
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 CHANGE LEASE NAME & NO. FR. F.W. KUTTER NCT C #3 TO NORTH MONUMENT G/SA UNIT BLK. 2, #6.	
If change of operator give name and address of previous operator CHEVRON U.S.A. INC. P.O. BOX J, SECTION 724R, CONCORD, CA 74524	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLK. 2 NORTH MONUMENT G/SA UNIT	Well No. 6	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No. E-6506-1
Location Unit Letter <u>F</u> : 1980 Feet From The <u>NORTH</u> Line and 1980 Feet From The <u>WEST</u> Line Section <u>18</u> Township <u>19S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> SHELL PIPELINE CORPORATION or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2648, HOUSTON, TEXAS 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> WARREN PETROLEUM COMPANY or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OK 74102			
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>18</u> Twp. <u>19S</u> Rge. <u>37E</u>	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

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		
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.)

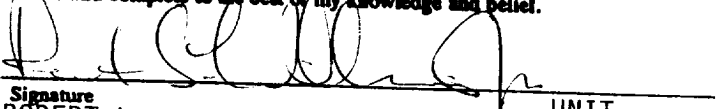
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

VI. 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 SUPERINTENDENT
 Printed Name
 1/1/92 Date
 505-393-2144 Telephone No.

OIL CONSERVATION DIVISION
 JAN 03 '92

Date Approved _____
 By _____
 Title _____

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

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