Ribmit 5 Copies Appropriate District Office DISTRICT I F.C. Box 1980, Hobbs, NM 88240

Operator

DISTRICT II . P.O. Drawer DD, Astonia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Amerada Hess Corporation

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

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

State of New Mexico Enery Minerals and Natural Resources Department

3002505628

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Drawer D, Monument, N	lew Mex	ico 882	265								
Reason(s) for Filing (Check proper box) New Well		~ .	_		X Out	es (Please exp	Spl (nich	it Gas Co		n	
Recompletion	Oil	Change in		er of:		ctive 10			9-93		
Change in Operator		end Gas X	Dry Gas			en Meter					
change of operator give same ad address of previous operator		- СД	CORONIE		Texa	co meter	NO. 1	10213207			
L DESCRIPTION OF WELL	AND LE	EASE									
Lease Name Blk.	2		Pool Nam	re, Includ	ing Formation		Kin	nd of Lease	1	Lease No.	
					onument	G/SA	8.	State, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		E-6506-1	
Unit LetterE	_ :19	980	Feet Fron	n The	North	and 6	660	Feet From The	We	st Line	
Section 18 Township 19S Range					E , NMPM,			Lea			
II. DESIGNATION OF TRA	NSPORT						· · · · · · · · · · · · · · · · · · ·	<u> </u>		County	
ume of Authorized Transporter of Oil	[V]	or Condeas	L AND	NAIU	Address (Giv	e address to t	.A.'.A	red copy of this			
Texas New Mexico Pipe	line Co		L		1670 B	rnaduav	Donyo	r, Colora	form is to be s	ent)	
Name of Authorized Transporter of Cani	ighead Gas		or Dry Ge	u 🔲	Address (Giv	e address to w	hich approx	ed copy of this	(00 8020)	<u> </u>	
Warren Petroleum Comp	any/Tex		P Inc		POB 158	39. Tuls	a. OK	74102/PO	B 3000	Tulca (
f well produces oil or liquids, ive location of tanks.	Unit		Twp	Rge.	is Bas somen	connected?	Wh	en ?	<u> 50000</u>	IUISQ. (
this production is commingled with the	(mm env or	18 1	199	371	1						
V. COMPLETION DATA			iool, gove o	comming	ing order numb)er:	· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Corr	pl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u></u>		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay						
		- The state of the				,			Tubing Depth		
erforations					L		· · · · · · · · · · · · · · · · · · ·	Depth Casis	ne Shoe		
									• • • • • • • • • • • • • • • • • • • •		
HOLE SIZE	T	TUBING, CASING AND				IG RECOR	D				
TIOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	1										
									<u> </u>		
TECT DATA AND BESTER											
TEST DATA AND REQUES IL WELL Test must be after a	ST FOR A	ALLOWAL	BLE								
IL WELL (Test must be after in the First New Oil Rus To Tank	Date of Te	dal volume of	load oil a	and must	be equal to or a	exceed top alle	mable for th	his depth or be	for full 24 hou	rs.)	
	Date of 16	4			Producing Met	hod (Flow, pu	emp, gas lift,	elc.)			
ngth of Test	Tubing Pre	Tubing Press re			Casing Pressure			O. A. C.			
				1	- Ing i result			Choke Size			
mul Prod. During Test	Oil - Bbls.				Water - Bbla.			Gas- MCF			
	<u> </u>										
AS WELL tual Prod. Test - MCF/D							·				
must Prod. Test - MCF/D	Length of	Test			Bbls. Condens	IE/MMCF		Gravity of C	ondentate	- · · · · · · · · · · · · · · · · · · ·	
ting Method (pitot, back pr.)	Dibing Process (St. 1)							,,,,,,			
the state of the s	LOOKING THE	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
. OPERATOR CERTIFIC	ATE OF	COLEN									
I hereby certify that the rules and regula	MIE UP	COMPL	IANCE	5	^	II CON	CEDV	/ATION.			
THE WILL THE DOCE COMPOSED MITH WAS A	hat the info-		above	ı		IL CON	SEHV	ATION (JIVISIO	N	
is true and complete to the best of my knowledge and belief.					Date Approved DEC 14 1993						
Ciada Rol +					Date	4pproved	J	- 1900			
Signature / Olumbon	<u> </u>				n.						
Cindy Robertson Sr	. Admir	ı. Staff	Accia	.	Ву	ORIGII	NAL SIGN	ED DY JERR	Y SEXTON	L	
Printed Name	Sr. Admin. Staff Assist.				DISTRICT I SUPERVISOR						
12-10-93 Data	505-	393-214	4		Title_						
		Telepho	one No.	_							
INSTRUCTIONS: This form	is to he f	iled in co-	ml:				\$677				
Request for allowable for n with Rule 111. All confirms of this 6.	ewly drill	ed or deen	ψυ επιce •ned ···∽¹	with Ki	uie 1104	_•					
with Rule 111.	,	wept	and MCI	u 111 US [oe accompa	med by tab	ulation of	deviation te	sts taken in	accordance	