

INSTRUCTIONS  
O. Drawer DQ, Aztec, NM 88210

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

INSTRUCTIONS  
000 Rio Grande Rd., Aztec, NM 87410

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

Operator Amerada Hess Corporation	Well API No. 3002505634
Address Drawer D, Monument, New Mexico 88265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
<input checked="" type="checkbox"/> Other (Please explain) Split Gas Connection Effective 10:00 A.M. 12-9-93 Warren Meter No. 000060 Texaco Meter No. 110213207	
If change of operator give name and address of previous operator	

### I. DESCRIPTION OF WELL AND LEASE

Lease Name Blk. 2 North Monument G/SA Unit	Well No. 15	Pool Name, Including Formation Eunice Monument G/SA	Kind of Lease <del>State</del> Federal <input checked="" type="checkbox"/> <del>Lease</del>	Lease No. LC034075
Location Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 18 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway, Denver, Colorado 80202	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company/Texaco E & P Inc.	Address (Give address to which approved copy of this form is to be sent) 74102 POB 1589, Tulsa, OK 74102/POB 3000, Tulsa, OK	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. K 18 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

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 Rugs 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.

Cindy Robertson  
Signature  
Cindy Robertson Sr. Admin. Staff Assist.  
Printed Name  
12-10-93 Title  
Date 505-393-2144  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 14 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.