

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 Bonos Rd., Aztec, NM 87410

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

Operator AMERADA HESS CORPORATION		Well API No. 3002505641
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box)		
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494
<input type="checkbox"/> Recompletion	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CHANGE LEASE NAME & NO. FR. B.V. CULP NCT A
<input checked="" type="checkbox"/> Change in Operator	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	#1 TO NORTH MONUMENT G/SA UNIT BLK. 5, #3.
If change of operator give name and address of previous operator CHEVRON U.S.A. INC., P.O. BOX J, SECTION 724R, CONCORD, CA 94524		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTH MONUMENT G/SA UNIT	BLK. 5	Well No. 3	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location					
Unit Letter C	: 660	Feet From The NORTH	Line and 1980	Feet From The WEST	Line
Section 19	Township 19S	Range 37E	NMPM	LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SHELL PIPELINE CORPORATION	<input checked="" type="checkbox"/> 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 WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/> 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 A	Sec. 19
	Twp. 19S	Rge. 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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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 Form		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 (pitot, 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.

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

OIL CONSERVATION DIVISION

Date Approved JAN 06 '92

By Paul Kautz Geologist
 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.

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