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State of New Mexico inerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

* RA, Aziec, NM 87410

)ISTRICT II '.O. Drawer DD, Astocia, NM 88210

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

| AMERADA HESS CORPORAT | ION | | | | 300250572 | | | |
|--|---|---------------------------------------|---|--------------------|-------------------------------------|---------------------------------------|--|--|
| DRAWER D, MONUMENT, N | | 8265 | | | | | | |
| DRAWER D, MUNUMENT, IN the (s) for Filing (Check proper box) | ILM FILKTOO OC | | X Other (Please expla | NEW WAT | ERFLOOD T | INIT E | FECTIVE | |
| Well | Change is | Transporter of: | 1/1/92. OF | RDER NO. | R-9494 | ļ | | |
| explotion | | Dry Gea 🔲 | ALSO, CHANG | SE NAME F | R. STATE | K # L | #6 | |
| ge in Operator | Casingheed Gas | Condensate | NORTH MONU | TENT G/SA | UNII BL | 11, | #0. | |
| age of operator give seams | | | | | | | | |
| DESCRIPTION OF WELL A | AND LEASE | | | | | ·:- | | |
| ne Name BLK. | BLK. 11 Well No. Pool Name, Including | | ng Formation Kind of | | | | | |
| NORTH MONUMENT G/SA L | UNIT 6 | EUNICE MO | EUNICE MONUMENT G/SA | | 344, 1444, 41.11 | | A-4096 -5 | |
| tios | 1000 | | NORTH 19 | ደበ | | WEST | | |
| Unit Letter | : 1980 | Feet From The | Line and | Feel | From The | | Line | |
| Section 29 Township | 1 9S | Range 37E | , NMPM, LE | <u>A</u> | | | County | |
| DESIGNATION OF TRAN | SPORTER OF O | II. AND NATUI | RAL GAS | | | | | |
| ne of Authorized Tressporter of Oil | T or Conde | | Address (Give address to w | hich approved o | opy of this form | 77001 | nt) | |
| SHELL PIPELINE CORPO | RATION | | P.O. BOX 2648 Address (Give address to w | , HUUSTUI | Y, IEAAS | 1 1001 | | |
| ne of Authorized Transporter of Casing | | or Dry Gas | P.O. BOX 1589 | | | | -, | |
| WARREN PETROLEUM COM ell produces oil or liquids, | Unit Sec. | Twp. Rge. | is gas actually connected? | When | | | | |
| location of tanks. | C 29 | 198 37E | | i | | | | |
| is production is commingled with that (| from any other lease or | pool, give comming! | ing order number: | | | | | |
| COMPLETION DATA | | | | | | | K | |
| Designate Type of Completion | Oil Well | Gas Well | New Well Workover | Deepen | Plug Back S | une Res'v | Diff Res'v | |
| e Spudded | Date Compl. Ready is | o Prod. | Total Depth | <u> </u> | P.B.T.D. | | <u> </u> | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| vations (DF, RKB, RT, GR, etc.) | Name of Producing F | iormation . | Top Oil/Gas Pay | | Tubing Depth Depth Casing Shoe | | | |
| forntions . | | | | | | | | |
| | | | | | | | | |
| | - | | CEMENTING RECO | RD | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | <u> </u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TEST DATA AND REQUE | | | | | | | | |
| L WELL (Test must be after to First New Oil Run To Task | recovery of total volum | e of load oil and must | • ha amini to an aminal e.m | llowable for thi | a damek ar ba Ca | | ers.) | |
| OR LINE LACK ON VAN TO THE | | | | | | г јші 24 п о | / | |
| | Date of Test | | Producing Method (Flow, | | | r јш! 24 n o | ······································ | |
| ngth of Test | Date of Test Tubing Pressure | | | | | r јин 24 н о | | |
| | Tubing Pressure | | Producing Method (Flow, Casing Pressure | | Choke Size | r juli 24 no | | |
| | | | Producing Method (Flow, | | ntc.) | r juli 24 no | | |
| tual Frod. During Test AS WELL | Tubing Pressure Oil - Bbls. | | Producing Method (Flow, Casing Pressure | | Choke Size | r full 24 No | | |
| mal Frod. During Test AS WELL | Tubing Pressure | | Producing Method (Flow, Casing Pressure | | Choke Size | | | |
| AS WELL tual Frod. Test - MCF/D | Tubing Pressure Oil - Bbis. Length of Test | | Producing Method (Flow, Casing Pressure Witer - Bbis. Bbis. Condensate/MMCF | | Choke Size Gaz- MCF | | · · · · · · · · · · · · · · · · · · · | |
| AS WELL: tual Prod. Test - MCF/D sting Method (pitot, back pr.) | Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Sh | ul-in) | Producing Method (Flow, Casing Pressure Water - Bbls. | | Choke Size Gas- MCF | | | |
| AS WELL Tuel Prod. Test - MCF/D Ring Method (pitot, back pr.) L. OPERATOR CERTIFIC | Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Sh | ut-is) | Producing Method (Flow, Casing Pressure Witer - Bbis. Bbis. Condensate/MMCF | | Choke Size Gaz- MCF | | | |
| AS WELL Tuni Prod. Test - MCF/D sting Method (pitot, back pr.) L. OPERATOR CERTIFIC I hereby certify that the rules and record | Tubing Pressure Oil - Bbia. Length of Test Tubing Pressure (Sh | ui-in) IPLIANCE | Producing Method (Flow, Casing Pressure Water - Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in) | pump, gas lift, d | Choke Size Gas- MCF Gravity of Co | ndensie | | |
| AS WELL Ctual Prod. Test - MCF/D sting Method (pitot, back pr.) L. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been compiled with and | Tubing Pressure Oil - Bbia. Length of Test Tubing Pressure (Sh | IPLIANCE PETVALION | Producing Method (Flow, Casing Pressure Water - Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in) | | Choke Size Gas- MCF Gravity of Co | ndenuiz DIVIȘI | ON. | |
| Ength of Test Chair Prod. During Test GAS WELL Chair Prod. Test - MCF/D Sting Method (pitot, back pr.) L. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and in true and complete to the pest of my | Tubing Pressure Oil - Bbia. Length of Test Tubing Pressure (Sh | IPLIANCE PETVALION | Producing Method (Flow, Casing Pressure Writer - Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in) OIL CO | pump, gas lift, d | Choke Size Gravity of Co | ndenuiz DIVIȘI | | |
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UCTIONS: 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

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.