

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

## OIL CONSERVATION DIVISION

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

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

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

I.

Operator AMERADA HESS CORPORATION	Well API No. 3002505729
Address DRAWER D, MONUMENT, NEW MEXICO, 88265	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> EFFECTIVE 11-01-93
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name BLK. 11 NORTH MONUMENT G/SA UNIT	Well No. 10	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 29 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"/> EOTT OIL PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM COMPANY	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 C	Sec. 29
	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)	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 Ruc 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 (prior, 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.

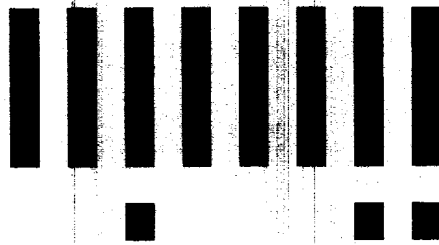
Signature Terry L. Harvey  
Printed Name TERRY L. HARVEY STAFF ASSISTANT  
Date 11-01-93 Telephone No. (505) 393-2144

### OIL CONSERVATION DIVISION

Date Approved NOV 18 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.



**LTR**



**Job separation sheet**

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

# OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-05729
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name BLOCK 11 NORTH MONUMENT GRAYBURG/SA UNIT
2. Name of Operator AMERADA HESS CORPORATION	8. Well No. 10
3. Address of Operator DRAWER D, MONUMENT, NEW MEXICO 88265	9. Pool name or Wildcat EUNICE MONUMENT G/SA
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>19S</u> Range <u>37E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> FULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4-13-92 THRU 4-22-92

MIRU DA&S Well Service pulling unit and TOH w/rods and pump. Removed wellhead, installed BOP & TOH w/tbg. Ran 4-3/4" bit & checked bottom at 3,867' & TOH. TIH w/5-1/2" x 2-3/8" Baker Lok-set RBP & set at 3,698'. TIH w/5-1/2" x 2-3/8" Baker fullbore pkr. set at 3,695' & press. RBP to 1,000#. Held OK. Re-set pkr. at intervals & found leak between 1,723'-1,850'. Est. rate into leak @ 1 BPM, 1,200#. TOH w/pkr. Pumped 3 sks. 12/20 sand on top RBP. Halliburton ran 5-1/2" 17# cement retainer set at 1,645'. Cement squeezed 5-1/2" csg. leak fr. 1,723'-1,850' w/250 sks. class c neat cement, WOC. TIH w/4-3/4" bit, drld. out retainer @ 1,645' & hard cement to drill out at 1,825'. Circ. hole clean. Press. up on csg. to 560# for 40 min. Held OK. Chart attached. TOH w/bit. Ran retrieving head, circ. sand off RBP & TOH w/RBP. TIH w/tbg. set OE at 3,847'. Removed BOP & installed wellhead. TIH w/pump & rods. RDPU, cleaned location & resumed prod. well.  
Test of 4-24-92: Prod. 6 Bbl, 1 RW & 83 MCEGPD in 24 hours. (Prior - Chevron, D.A. Williams #1)

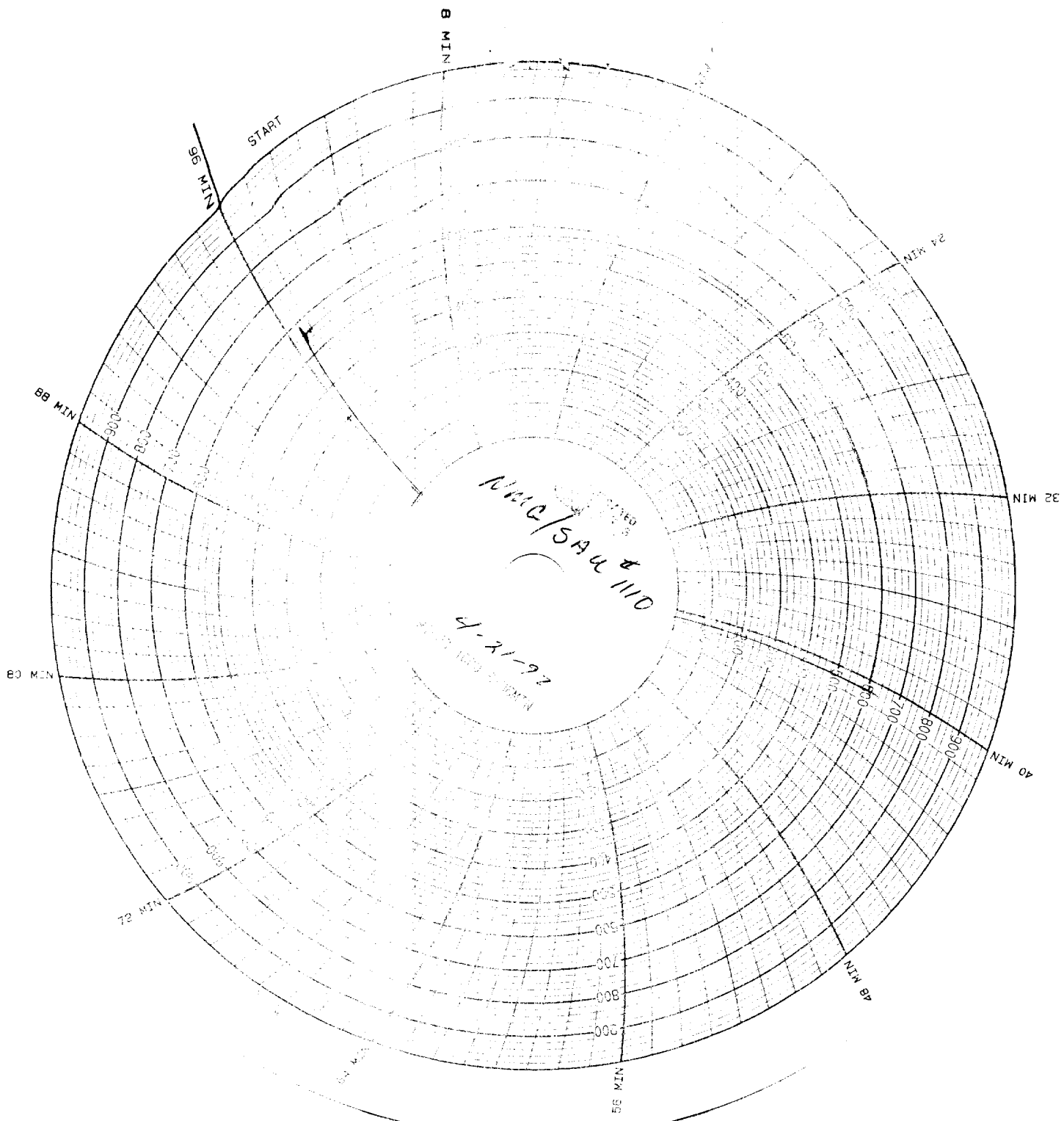
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>R. L. Wheeler, Jr.</u>	TITLE <u>Supv. Adm. Svc.</u>	DATE <u>5-20-92</u>
TYPE OR PRINT NAME <u>R. L. Wheeler, Jr.</u>	TELEPHONE NO. <u>393-2144</u>	

This space for State Use: **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

MAY 26 '92

APPROVED BY _____	TITLE _____	DATE _____
NOTATIONS OF APPROVAL, IF ANY:		



N.M.G./S.A.U. #111-  
Amerasia News Corp  
40 min chart  
Joe Shultz