Submit 5 Copies Appropriate District Office

State of New Mexico En: - Minerals and Natural Resources Department

DISTRICT B. P.O. Drawer DD, Ameda, NM 88210

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

DISTRICT III 1000 Rio Brazos Rd., Assec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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completion	Oü	Ĭ W	Dry Gas	EFFECTI	/E 11-01-9	3.			
ange is Operator	Casingho	ad Cas 🔲	Condensate						
funge of operator give same address of previous operator	-								
DESCRIPTION OF WELL	ANDIE	ACE							
	. 15		Pool Name, Includis	ng Formation	Kind c	Lease	عا	ase No.	
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ocation									
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Section 31 Township	_ 1	98	Range 37	E NMPM,	LE	А		County	
Section 01 (Owner)	P		Kinge 07	L , rumrm,				Coumy	
. DESIGNATION OF TRAN	SPORT	ER OF O	IL AND NATU	RAL GAS					
me of Authorized Transporter of Oil	X EC) विकास	gy Pipetine LP	Address (Give address s	• •	• • • •			
EOTT OIL PIPELINE CO	MIPANY	Епеси	ve 4-1-94	P.U. BUX 400					
me of Authorized Transporter of Casing WARREN PETROLEUM COM	-		or Dry Clas 🗀	Address (Give address t				w)	
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his production is commingled with that	from any o	her lease or	pool, give comming!	ing order number:					
. COMPLETION DATA		Oil Well	Gas Well	Now Well Street		Dura Da Li Ya		625	
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TEST DATA AND REQUES									
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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.

Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office E. - y, Minerals and Natural Resources Departmen Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 3002505764 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: NORTH MONUMENT GISAUUNIT WELL X WELL OTHER BLK. 15 2. Name of Operator & Well No. AMERADA HESS CORPORATION 16 3. Address of Operator 9. Pool name or Wildcat POST OFFICE DRAWER D, MONUMENT, NEW MEXICO 88265 EUNICE MONUMENT G/SA Well Location P : 660 Feet From The __ SOUTH 660 EAST ___ Line and Feet From The T19S Section ship T19S Range 37E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 37E LEA Township **NMPM** County Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB CEMENT TO 6 OTHER: 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. NMGSAU #1516 PLan To Move in pulling unit. Install BOP, JIM with 5-1/2" RBP and set at approximately 3,735'. Spot 30' of sand on top of RBP. TOH. TIH with packer and set at approximately 1,400' (above old casing leak interval f/1,505'-1,536'). Establish injection rate into leaks and monitor backside pressure. TOH. TIH with cement retainer and set at least 100' above squeeze holes. Squeeze leaks with 100 sacks class 'c' cement. Will have to maintain backside pressure during squeeze job due to leaking wellhead. TOH. Remove existing wellhead and replace with new integral wellhead. Test wellhead. TIH with a 4-3/4" bit. Drill out retainer and cement and pressure test casing. If casing tests, circulate sand off of RBP and TOH. TIH with retrieving tool and TOH with RBP. TIH with production equipment and return well to production. Clean and clear location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE	Sr. Staff Assistant DATE 02-01-94	
TYPE OR PRINT NAME Terry L. Harvey	ТЕ . ЕРН ОМЕ NO. 393 – 214	4
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		1
APPROVED BY	DATE	<u> </u>

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