DISTRICT B. P.O. Drewer DD, Asseda, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brians Rd., Astec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Wal API No. AMERADA HESS CORPORATION 3002505766 Address DRAWER D, MONUMENT, NEW MEXICO 88265 Resson(s) for Filing (Check proper box) X Other (Please explain) New Well hange is Transporter of: Dry Gas Recompletion Oil EFFECTIVE 11-01-93. Change in Operator Casinghood Gas Condensate Will TAIN If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Lassa Name BLK. 15 Well No. Pool Name, Including Formation Kind of Lease Leane Na State, Federal or Fee EUNICE MONUMENT G/SA NORTH MONUMENT G/SA UNIT Location В 330 Feet From The NORTH Line and 2310 EAST Feet From The l inc Township Range 37E , NMPM, 19S LEA III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil

(Address (Given Parks))

Address (Given Parks) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil

EOTT OIL PIPELINE COMPANY
Name of Authorized Transporter of Casinghead Gas Effe tive 4-1-94 P.O. BOX 4666, HOUSTON, TEXAS 77210-4666 Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 1589, TULSA, OK 74102 or Dry Gas [X]WARREN PETROLEUM COMPANY If well produces oil or liquids, Utút Sec. Twp Rge. Is gas actually connected? When ? give location of tanks. **1**_B 131 __19S | 37E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. 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 (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.) OIL WELL Date First New Oil Rus To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Press re 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 Condensule esting 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 OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. NOV 1 8 1993 Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505)

Signature

Dute

Printed Name

TERRY L. HARVEY

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

- All sections of this form must be filled out for allowable on new and recompleted wells.

STAFF ASSISTANT

Title

393-2144

Telephone No.

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.