

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
P.O. Drawer DD, Azusa, NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Enr. , Minerals and Natural Resources Departmen  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

<b>I. Operator</b> AMERADA HESS CORPORATION		Well API No. 3002505771 ✓
<b>Address</b> DRAWER D, MONUMENT, NEW MEXICO 88265		
<b>Reason(s) for Filing (Check proper box)</b> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> <b>Other (Please explain)</b> NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. PERMIT NO. R-9494 ALSO, CHANGE NAME FR. ARCO PHILLIPS A #4 TO NORTH MONUMENT G/SA UNIT BLK. 15, #12.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

<b>II. DESCRIPTION OF WELL AND LEASE</b>				
Lease Name NORTH MONUMENT G/SA UNIT	Well No. 12	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
<b>Location</b> Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>19S</u> Range <u>37E</u> , <u>NMPM</u> , <u>LEA</u> County				

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE COMPANY		Address (Give address to which approved copy of this form is to be sent) 1670 BROADWAY, DENVER, CO 80202		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CORPORATION		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 K	Sec. 31	Twp. 19S	Rge. 37E
Is gas actually connected?		When ?		
YES		UNKNOWN		
If this production is commingled with that from any other lease or pool, give commingling order number: _____				

<b>IV. COMPLETION DATA</b>									
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			
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE</b>			
<b>OIL WELL</b> (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

<b>GAS WELL</b>			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

<b>VI. OPERATOR CERTIFICATE OF COMPLIANCE</b>	
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 ROBERT L. WILLIAMS, JR.	UNIT SUPERINTENDENT
Printed Name 1/1/92	Title 505-393-2144
Date	Telephone No.

<b>OIL CONSERVATION DIVISION</b>	
Date Approved	DEC 28 1991
By	OPERATION
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.