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<u>ISTRICT II</u> O. Drewer DD, Astocia, NM \$8210

State of New Mexico Elemanter and Natural Resources Department

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

izos Rd., Astoc, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS pendar Wall API No. AMERADA HESS CORPORATION 3002505781 DRAWER D, MONUMENT, NEW MEXICO 88265 seson(s) for Filing (Check proper box) Other (Please explain) lew Well re in Transporter of Dry Gas ecompletice **EFFECTIVE 11-01-93.** bange in Operator change of operator give name d address of previous operator **DESCRIPTION OF WELL AND LEASE** asse Name Well No. Pool Name, Including Formation BLK. 16 Kind of Less Lease No. NORTH MONUMENT State, Federal or Fe G/SA UNIT EUNICE MONUMENT G/SA 6 ocation 1980 Feet From The NORTH Line and 1980 Unit Letter . Feet From The 1 ine Section 32 Township **19**S 37E LEA Range , NMPM, County DESIGNATION OF TRANSPURIER OF COMPANY Effective 4-1-94

EOTT OIL PIPELINE COMPANY Effective 4-1-94

Transporter of Casinghead Gas X or Dry Gas 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ame of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666 arms of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) WARREN PETROLEUM COMPANY P.O. BOX 1589, TULSA, OK 74102 well produces oil or liquids, re location of tanks. Twp Rge. is gas actually connected? When ? **1** 32 C 19S 37E this production is commingled with that from any other lease or pool, give commingling order number: /. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Diff Res'v ate Soudded Date Compl. Ready to Prod. Total Depth P.B.T.D evations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth riorations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) ite First New Oil Rus To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) ogth of Test Tubing Press :re Casing Pressure Choke Size tual Prod. During Test Oil - Bbls. Water - Bbla Gas- MCF **AS WELL** tual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condenute ting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size L 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 Date Approved Signature ORIGINAL SIGNED BY JERRY SEXTON TERRY STAPF ASSISTANT Printed Name DISTRICT I SUPERVISOR Title (505) 393-2144 11-02-93 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

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

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.