Submit 5 Cooles Appropriate District Office Appropriate District
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 Er y, Minerals and Natural Resources Departmer

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brass Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMERADA HESS CORPORA					L .			
	110N			<del></del>		<u>300250578</u>	35	
DDALLED D. MONITMENT !	MEN WEATUR OF	3265					-	
DRAWER D, MONUMENT, I	NEW MEYICO 88	1200	77 65	(Plane	MELI LIA	TERFLOOD	IINTT D	EEECTIV
son(s) for Filing (Check proper box)	<b>A</b> I	Transporter of:		•	DER NO.	R-94		TIECTIV
v Well	-	Dry Gas				R. MAY L		COM #1
ompletion	_	Condensate				UNIT BLI		
rage of operator give name			HON	THE PROPERTY	LINI U/ JA	ONII DEI	\. 10 <sub>3</sub>	η10.
address of previous operator								
DESCRIPTION OF WELL								
		1 1				Kind of Lease Lease No. State, Federal or Fee		
NORTH MONUMENT G/SA	UNIT 10	EUNICE MO	<u>NUMENT G</u>	/SA	State, I	ecent of Lee	<u> </u>	
ation .]	. 1980	Feet From The	OUTH	1980	l		FAST	•
Unit Letter	-:	. Feet From The	Line	and	Fee	et From The		Line
Section 32 Townsh	ip 19S	Range 37E	, NM	PM, L	.EA			County
DESIGNATION OF TRAN	NSPORTER OF O	II. AND NATIII	RAL GAS					
ne of Authorized Transporter of Oil	or Conde			address to wi	ich approved	copy of this for	n is to be se	ru)
SHELL PIPELINE CORPO						<u>ON, TEXAS</u>		
me of Authorized Transporter of Casis		or Dry Ges	1			copy of this for		ru)
WARREN PETROLEUM COM		7	7			OK 741	02	<del></del>
vell produces oil or liquids,	Unit   Sec.   32	Twp.   Rge.   198   37E	is gas actually	connected?	When	7		
is production is commingled with that					t			
COMPLETION DATA	any Other 1923 Of	hoor' Bras cousurable	व्यक्त विश्वास	а:			<del> </del>	
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
a Spudded	Date Compl. Ready to	o Prod.	Total Depth		L	P.B.T.D.		.1
	,,	1				r.B.1.D.		
vations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormatica	Top Oil/Gas F	ay		Tubing Depth		<del></del>
Corations								
TOTALIONS						Depth Casing	Shoe	
	TURNIC	CACING AND	CEMENTA	IC DECOL	·	<u> </u>		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				1 01010		
HOLE SIZE	CASING & I	DRING SIKE		DEPTH SET		S/	ACKS CEM	ENI
						1		
						*	· · · · · · · · · · · · · · · · · · ·	
					·			
TEST DATA AND REQUE	ST FOR ALLOW	ABLE						
L WELL (Test must be after			be equal to or	exceed top all	lowable for thi	s depth or be fo	r full 24 hor	<b>71.</b> )
L WELL (Test must be after	EST FOR ALLOW recovery of total volume Date of Test		be equal to or	exceed top all thod (Flow, p	lowable for thi	s depth or be fo	r full 24 hou	F2.)
L WELL (Test must be after to First New Oil Rua To Tank	Date of Test		Producing Me	thod (Flow, p	lowable for thi ump, gas lift, i	is depth or be fo	r full 24 hou	F1.)
L WELL (Test must be after the First New Oil Rua To Tank	recovery of total volume		be equal to or Producing Mo	thod (Flow, p	lowable for thi ump, gas lift, c	s depth or be for	r full 24 hou	es.)
L WELL (Test must be after to First New Oil Run To Tank  ngth of Test	Date of Test  Tubing Pressure		Producing Me	thod (Flow, p	lowable for thi ump, gas lift, d	Choke Size	r full 24 hou	73.)
L WELL (Test must be after to First New Oil Run To Tank  ngth of Test	Date of Test		Producing Me	thod (Flow, p	lowable for thi vemp, gas lift, d	etc.)	r full 24 hos	es.)
L WELL (Test must be after to First New Oil Run To Tank  ngth of Test  tual Prod. During Test	Date of Test  Tubing Pressure		Producing Me	thod (Flow, p	lowable for thi ump, gas lift, i	Choke Size	r full 24 hou	m)
L WELL (Test must be after to First New Oil Run To Tank  ngth of Test  tual Prod. During Test  AS WELL	Date of Test  Tubing Pressure		Producing Me Casing Press. Water - Bbls.	thod <i>(Flow, p</i>	lowable for thi ump, gas lift, i	Choke Size Gaz- MCF		73.)
L WELL (Test must be after the First New Oil Run To Tank  ingth of Test  that Prod. During Test  AS WELL	Date of Test  Tubing Pressure  Oil - Bbls.		Producing Me	thod <i>(Flow, p</i>	lowable for thi	Choke Size		es.)
L WELL (Test must be after to First New Oil Run To Tank  ngth of Test  tual Prod. During Test  AS WELL  tual Prod. Test - MCF/D	Date of Test  Tubing Pressure  Oil - Bbls.	s of load oil and must	Producing Me Casing Press. Water - Bbls.	thod (Flow, p	lowable for thi	Choke Size Gaz- MCF		75.)
L WELL (Test must be after to First New Oil Run To Tank  ogth of Test  tual Prod. During Test  AS WELL  tual Prod. Test - MCF/D  ting Method (pitot, back pr.)	Date of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (Shu	s of load oil and must	Producing Me Casing Press Water - Bbla Bbls. Conden	thod (Flow, p	lowable for thi	Choke Size  Gaz- MCF  Gravity of Co		73.)
L WELL (Test must be after to First New Oil Run To Tank  ingth of Test  tual Prod. During Test  AS WELL  tual Prod. Test - MCF/D  ting Method (pitot, back pr.)  L OPERATOR CERTIFIC	Date of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (Shu	e of load oil and must	Producing Me Casing Press Water - Bbla Bbls. Conden	thod (Flow, p	lowable for thi	Choke Size  Gaz- MCF  Gravity of Co		es.)
L WELL (Test must be after to First New Oil Run To Tank  ngth of Test  tual Prod. During Test  AS WELL  tual Prod. Test - MCF/D  sting Method (pilot, back pr.)  L OPERATOR CERTIFIC I hereby certify that the rules and reg	Date of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (Shu	e of load oil and must	Producing Me Casing Press Water - Bbls. Bbls. Conden Casing Press	thod (Flow, p	ump, gas lift, i	Choke Size  Gas- MCF  Gravity of Co	anden tale	
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INSTIRUCTIONS: 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.
- 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.