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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION	Well API No. 3002505796
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Waterflood Unit Effective 1/1/92. ORDER NO. R-9494 <input type="checkbox"/> Change Lease Name & No. FR. STATE H #1 TO NORTH MONUMENT G/SA UNIT BLK. 16, #12. <input checked="" type="checkbox"/> Change in Operator Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name & address of previous operator TEXACO EXPL. & PROD. INC., P.O. BOX 730, HOBBS, NM 88240	

DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Fee	Lease No. B-2330-10
Well Name NORTH MONUMENT G/SA UNIT	Well No. 12	Pool Name, including Formation EUNICE MONUMENT G/SA	
Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 32 Township 19S Range 37E, NMPM, LEA County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil or Condensate TEXAS-NEW MEXICO PIPELINE COMPANY	<input type="checkbox"/>	1670 BROADWAY, DENVER, CO 80202				
Name of Authorized Transporter of Casinghead Gas or Dry Gas WARREN PETROLEUM COMPANY	<input checked="" type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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	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				

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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

GAS WELL			
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

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
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.

OIL CONSERVATION DIVISION

Date Approved JAN 09 '92

By

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.