

INSTRUCT A
O. Drawer DD, Azusa, NM 88210

INSTRUCT B
000 Rio Blanco Rd., Aztec, NM 87410

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	Well APN No.
AMERADA HESS CORPORATION	3002505807
Address	
DRAWER D. MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box)	
<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	Change in Transporter of:
<input type="checkbox"/> Change in Operator	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE 11-01-93.	
Change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name	BLK. 17	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NORTH MONUMENT G/SA UNIT		2	EUNICE MONUMENT G/SA	State, Federal or Fee	
Location					
Unit Corner	B	990	Feet From The NORTH	Line and	1650
Section	33	Township	19S	Range	37E
			NMFM	LEA	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
EOTT OIL PIPELINE COMPANY	<input checked="" type="checkbox"/> Dry Gas	P.O. BOX 4666, HOUSTON, TEXAS 77210-4666
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent)
SID RICHARDSON CARBON & GASOLINE Co.		1ST CITY BANK TOWER, 201 MAIN, FT. WORTH, TX
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	33
		19S
		37E
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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
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 Ruc 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

VII. 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 Terry L. Harvey
Printed Name TERRY L. HARVEY
Title STAFF ASSISTANT
Date 11-03-93
Telephone No. (505) 393-2144

OIL CONSERVATION DIVISION

NOV 18 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.