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DISTRICT II P.O. Drawer DD, Astonia, NM \$\$210 DISTRICT III 1000 Rio Bergos Rd., Aziec, NM \$7410

State of New Michico Er y, Minerals and Natural Resources Departmer

ā i-1-89

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

Santa Fe, New Mexico 87504-2088

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

enior								Ť	Well AP	No.			
AMERADA HESS CORPORA	FION									30025058	317		
irues													
DRAWER D, MONUMENT, I	NEW MEX	ICO 8	8265		·····-	-	r (Please explai			TERELOOI		FFFFCTIV	
son(s) for Filing (Check proper box)		Channel	• T			-1/1/	92. ORD	FR	NO.	R-949	94		
w Wetl Change is Transporter of:						ALSO, CHANGE NAME FR. J.H. WILLIAMS #4 TO							
age in Operator	Casinghee	4 Gas 🗍	] Conde		•	NORT	'H MONUME	NT	G/SA	UNIT BL	<. 23 <b>,</b>	#15.	
age of operator give same iddress of previous operator													
											<u></u>		
DESCRIPTION OF WELL AND LEASE Name BLK, 23 Well No. Pool Name, Including						e Formation				Lesse	i	ABBE NO.	
Name BLK. 23 Weti No. Pool Name, Including ORTH MONUMENT G/SA UNIT 15 EUNICE MOD					NUMENT G	G/SA		State, Federal or Fee		-			
NORTH MONOMENT 4/ 5/						<u> </u>					E LOT		
Unit Letter0	; 3	30	Feet I	ron	n The	OUTH Line	1980	).	Fee	4 From The _	EASI	Line	
	10	<u> </u>						EA				County	
Section 34 Townant	ip 19	2	Rang	8	37E	<u>, NI</u>	MPM,		<u> </u>			County	
DESIGNATION OF TRA	NSPORTI	ER OF C	DIL A	ND	NATUR	AL GAS							
me of Authorized Transporter of Oil	<u>r*</u> 1	or Coad		r		Address (Giv	address to wi	hich	approved	copy of this f	xmistobe: C 770	<b>seni)</b> 1 0	
SCURLOCK PERMIAN COP	PORATIC	N	or Dr	- 0		<u>P.0.</u>	BOX 4648	<u>3</u> ,	HUUSIC	$\frac{JN}{com}$ of this f	mis to be	eent)	
me of Authorized Transporter of Casi			OF LH	yu			BOX 1589						
WARREN PETROLEUM CON well produces oil or liquida,		Sec.	Twp.		Rge.		ly connected?		When				
e location of tanks.	. <b>i</b>	İ			L								
his production is courningled with the	t from any o	ther lease	or pool, (	give	commingli	ng order num	iber:						
COMPLETION DATA		Oil W	ell.	G	s Well	New Well	Workover	1	Deepen	Plug Back	Same Res's	Diff Res'v	
Designate Type of Completion	n - (X)	1					İ	İ_		İ	<u>i</u>	<u> </u>	
ate Spudded	Date Cor	npi. Ready	to Prod	•		Total Depth				P.B.T.D.			
(D.D. DKD, DT, CD,) Manual Departure						Top Oil/Gee Pay				Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation													
Perforations										Depth Casing Shoe			
TUBING, CASING AND													
HOLE SIZE	<u>c</u>	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
											······································		
		7118											
TEST DATA AND REQU						. he couldo			able for th	is danch on h	. Con 611 24	haver )	
Data First New Oil Run To Tank	Date of				ni ana mus		Method (Flow,						
								•					
ength of Test	Tubing Pressure				Casing Pressure				Choke Siz	Choke Size			
Actual Prod. During Test		Oli - Bbis.					Water - Bbla.				Gas- MCF		
	011-00												
GAS WELL	<b>4</b>					· <b>.</b>						•	
Actual Prod. Test - MCF/D	Length	of Test			······································	Bbls. Cond	ensue/MMCF			Gravity o	Condensate		
		Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
esting Method (pitot, back pr.)	Tubing										Choke Size		
						-1							
VI. OPERATOR CERTIF I bereby certify that the rules and r					NCE		OIL CC	M	SEB		יאים ו	SION	
Division have been complied with	and that the i	aformatios	a siven a	oa bov	e	- II		21 N	OLIN				
is true and complete to the best of	ny knowledg	e and bell	ef.		-		te Approv	000	4				
		$\langle \rangle$					ria whhim	vec					
	Y.C.>		<u>)</u>			By By	۱ <u></u>				1151N44		
Signature ROBERT L. WILLIAMS.	JR.	SIP	UNI ERIN	Í F F N	IDENT_	<sup>Uy</sup>				<b>*</b> V	SOR		
Printed Name 1/1/92			Ti	tie		П	ile						
1/1/9/			C 201		1 4 4								
Date		50	5-39										

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.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. voarate Form C-104 must be filed for each pool in multiply completed wells.