Submit 5 Corsee
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Deswer DD, Astonia, NM 88210

State of New Mexico Er , Minerals and Natural Resources Departmer

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brace Rd., Asiec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION PANSPORT OIL AND NATURAL GAS

entor		U IHAI	<u> 1370</u>	JAI OIL	AND NAT	UNAL GA	Nai y	PI No.				
AMERADA HESS CORPORATION							3002505870					
årees DRAWER D, MONUMENT, NE	W MEXIC	0 882	265									
ison(s) for Filing (Check proper box)					X Other	(Please explai	NEW W	ATERFLOOD	UNIT E	FFECTIV		
₩ Well		Change in Transporter of: 1/1/92. ORDE						R NO. R-9494				
completios 📙	D NODELL MONUME							NAME FR. J.W. COOPER C #2 TO NT G/SA UNIT BLK. 23, #2.				
ange in Operator Linage of operator give sems	Casingheed	UM []	COLOR		NON	III FIGHTOF	LIVI U/ J	TOTAL DE		11 = 1		
address of previous operator												
DESCRIPTION OF WELL A		SE					1 754	of Lease	1 1 1	nse Na		
NORTH MONUMENT G/SA UI						/SA		Federal or Fee	1			
ocation	<u>,,,, </u>			· · · · · · · · · · · · · · · · · · ·					FACT			
Unit LetterB	:33	0	Foot P	rom The	ORTH Line	1648	F	eet From The _	EAST	Line		
Section 3 Township	20\$		Range	37E	NI	rpm. L	EΑ			County_		
Section 3 Township		· 	Kango	<u> </u>								
I. DESIGNATION OF TRANS		or Condon		ND NATUE	RAL GAS	adhees to w	hich approve	d copy of this fo	em is to be se	nt)		
ame of Authorized Transporter of Oil SHELL PIPELINE CORPOR	<u>(*)</u> ATTON	UI COLOR			P.O.	BOX 1910	, MIDLA	ND, TEXA	S 79702	2		
arne of Authorized Transporter of Casing	head Gas		or Dry	y Clas 🔲	Address (Giw	address to w	hich approve	d copy of this fo	orm is to be se	nt)		
WARREN PETROLEUM CORP			Y 					1, OK 74	102			
well produces oil or liquids, ve location of tanks.	Unit	Sec.	1 wp		is gas actuali;		Whe	n 7				
this production is commingled with that i	tow read orp	er lease or					1					
V. COMPLETION DATA									γ			
Designate Type of Completion	- (3)	Oil Well	. [Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	Date Comp	d. Ready b	o Prod.		Total Depth	<u> </u>	<u>.}</u>	P.B.T.D.	1	_1		
	Date Confin Ready W. Rock											
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth					
Perforations					<u> </u>			Depth Casing Shoe				
	7	TUBING	, CAS	SING AND	CEMENT	NG RECO	RD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE	Ţ	SACKS CEMENT				
	· 				ļ							
	<u> </u>				<u> </u>			_				
	1	1, 1				 						
. TEST DATA AND REQUE												
OLL WELL (Test must be after to Data First New Oil Rua To Tank			e of loa	ed oil and mus					for full 24 ho	ws.)		
Date First New Oil Rus 10 1aak	Date of To				Producing N	lethod (<i>Flow</i> ,)	pump, gas ty	1, elc.)				
Length of Test	Tubing Pr	esaure			Casing Pressure			Choke Size				
			···				Gas- MCF					
Actual Prod. During Test	Oil - Bbia	•			Water - Bbi	£.		Gas- MCF				
GAS WELL					<u> </u>							
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	nule/MMCF		Gravity of	Condenuie			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI ODED A TOD CEDTIEN	ATE O	F CO) 4	rot t		-\c				<u> </u>			
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regu	JAIE O	r COM		ANCE			NSER	VATION	ואועוםו	OΝ		
Division have been complied with an	that the inf	ormetice e	ivea sh	NOVE	11	J.L 00		****	. DIVIOI			
is true and complete to the best of my	knowledge	and belief.	<u> </u>		Dat	A Annros	hau		·			
1) (V U)						a whhin			<u> </u>			
Signature		-	WN1		∥ Rv		3 . Ni .	di e	1 - 1 - 4			
ROBERT L. WILLIAMS.	IR.	SUPE	RINT	ENDENT_	5,		k,	3	Selve .			
Printed Name 1/1/92			Tid	le	Titl	8_						
Date Date			<u>- 393</u> elephor	-2144								
			ичрост	≕ 140.	1 I							

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.

P.O. Drawe DD, Assair, HM \$2210

LL CONSERVATION DIVISICAL P.O. Box 2088

manage his statistic bear a representation of management

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brisos RA, Asiec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

parties 1-1-or See lastractions at Bottom of Page						
tna 30-025	-05870 OR					
TION PHYS ON 9/2 7 /8						
Lease ederal or Fee	Lean: No.					
t From The	East Line					
	County					
Texas 79 this form 79 topy of this form 74102	is to be sent) 702 is to be sent)					
Plug Back Sa	me Res'v Diff Res'v					
P.B.T.D.						
Tubing Depth						
Depth Casing S	Proc					
SA	CKS CEMENT					
depth or be for Ic.)	full 24 hours.)					
Choke Size						
Gas- MCF						
Gravity of Cor	odensate					
Choke Size						
ATION D						

AMERADA HESS CORPORAT	ION							30-02	5-058	70 G	
Drawer D, Monument, N	ew Mex	ico 88	265								
enson(s) for Filing (Check proper box) lew Well scompletion Change in Operator	Oil Casinghes	Change is	Dry Gas Condens		TOOK OV			ATION PHY ON 9/2 2 /		,	
change of operator give name WKByro	om 0il	Co., F	.0. Bo	x 147	Hobbs, NM	88240					
DESCRIPTION OF WELL AND LEASE Well No. Fool Name, Including J. S. Cooper "C" 2 Monument G				ng Formation Payburg San		of Lease Lease No. Federal or Fee					
Coation Unit LetterB	. :	330	_ Feet From	m The No	orth Line and	1648	Fe	≓ From The	East	Line	
Section 3 Township	, 20	<u>s</u>	Range	37E	, NMPM,	Lea				County	
II. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AND	NATU	RAL GAS						
Name of Authorized Transporter of ON Shell Pipeline Corpor	\Box	or Coode	neste [Address (Give addr					rd)	
Name of Authorized Transporter of Casing		(X)	or Dry C	W	P.O. Box 1910, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum C. W well produces oil or liquids,	Unit	Sec.	Тър	Rgc.		P.O. Box 1589, Tulsa, (ls gas actually connected? When					
give location of tanks. If this production is commingled with that	from any or	her leans or	1 20S-	37E	Yes	-		·			
V. COMPLETION DATA					<u>, </u>						
Designate Type of Completion	- (X)	Oil Wei	n G	es Well	New Well Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	npl. Ready i	to Prod.	-	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing I	Formation		Top Oil/Gas Pay			Tubing Depth			
erforations				<u> </u>		Depth Casing Shoe					
		TUBING	, CASI	NG AND	CEMENTING I	RECORD		1			
HOLE SIZE	C	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	1							1			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABLE e of load o	oil and mus	i be equal to or exce	ed 100 allow	able for the	is depth or he fo	or full 24 hos	ers)	
Date First New Oil Run To Tank	recovery of total volume of load oil and must Date of Test			Producing Method			, , <u>.</u>				
Length of Test	Tubing P	ressure		·	Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbl	S .			Water - Bbls.			Gas- MCF			
					<u> </u>			<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length o	Test			Bbls. Condensate/	MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing I	Pressure (Sh	ut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE C	F COM	IPLIAN	NCE	0"	CONIC	SEDV	ATION I	JIVICI		
I hereby certify that the rules and regression have been complied with an is true and complete to the best of my	d that the in	formation g	voda novi	:				OCT >			
Say Sreer					Date Ap			NED BY IEDS	Y CEVTO		
Signature Gary Greer District Engr.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 10/4/89		(505)			Title		<u>-</u>				
Date		T	elephone l	No.		<u> </u>					

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