

DISTRICT II  
D. Drawer DD, Azusa, NM 88210

DISTRICT III  
100 Rio Grande 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 <b>AMERADA HESS CORPORATION</b>	Well API No. <b>3002505872</b>
Address <b>DRAWER D, MONUMENT, NEW MEXICO 88265</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> <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

Well Name <b>BLK. 23 NORTH MONUMENT G/SA UNIT</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>EUNICE MONUMENT G/SA</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>G</b> Section <b>3</b> Township <b>20S</b> Range <b>37E</b> NMMN, LEA County				
Feet From The <b>NORTH</b> Line and <b>1977</b> Feet From The <b>EAST</b> Line				

#### II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>EOIL Energy Pipeline LP</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 4666, HOUSTON, TEXAS 77210-4666</b>
Name of Authorized Transporter of Casinghead Gas <b>WARREN PETROLEUM COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1589, TULSA, OK 74102</b>
If well produces oil or liquids, give location of tanks.	Unit <b>D</b> Sec. <b>3</b> Twp. <b>20S</b> Rge. <b>37E</b>
Is gas actually connected?	When?
<b>YES</b>	

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 Res v	Nil Res v
Date Spud/Mod	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** STAFF ASSISTANT  
Printed Name **11-03-93** Title **(505) 393-2144**  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
Title

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

Operator AMERADA HESS CORPORATION		Well API No. 3002505872
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 11-01-93.
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name BLK. 23 NORTH MONUMENT G/SA UNIT	Well No. 7	Pool Name, Including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G 1676 Feet From The NORTH Line and 1977 Feet From The EAST Line Section 3 Township 20S Range 37E, NMZM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT OIL PIPELINE COMPANY Energy Corp	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM COMPANY	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 D	Sec. 3	Twp. 20S	Rge. 37E	Is gas actually connected? YES	When?

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Stim Resv
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RRB, 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

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

**OIL CONSERVATION DIVISION**

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.

OIL CONSERVATION DIVISION

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DISTRICT II  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION		Well API No. 3002505872
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) NEW WATERFLOOD UNIT EFFECTIVE 1/1/92. ORDER NO. R-9494 ALSO, CHANGE NAME FR. J.W. COOPER D #1 TO NORTH MONUMENT G/SA UNIT BLK. 23, #7.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

Lease Name BLK. 23 NORTH MONUMENT G/SA UNIT		Well No. 7	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1676 Feet From The NORTH Line and 1977 Feet From The EAST Line Section 3 Township 20S Range 37E, NMPM, LEA County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE CORPORATION		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND, TEXAS 79702				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CORPORATION		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 G	Sec. 3	Twp. 20S	Rge. 37E	Is gas actually connected? YES	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		

V. 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. Printed Name 1/1/92 Date		UNIT SUPERINTENDENT Title 505-393-2144 Telephone No.	
OIL CONSERVATION DIVISION  Date Approved  By  Title			

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DISTRICT III  
1000 Rio Bravo Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMERADA HESS CORPORATION	Well API No. 30-025-05872
Address Drawer D, Monument, NM 88265	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> AMERADA HESS CORPORATION PHYSICALLY Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> TOOK OVER OPERATION 9/27/89	
If change of operator give name and address of previous operator w/k Byrom Oil Co., P.O. Box 147, Hobbs, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.W. Cooper "D"	Well No. 1	Pool Name, including Formation EUNICE Monument Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 1676 Feet From The North Line and 1977 Feet From The East Line Section 3 Township 20S Range 37E , NMPM Lea Country				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	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 G	Sec. 3	Twp. 20S	Rge. 37E	Is gas actually connected? Yes	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		

V. 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 Sam Small  
Sam Small District Superintendent  
Printed Name  
October 4, 1989 (505) 393-2144  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 6 1989  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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