omit 5 Crosse propriese District Office STEHCT I D. Bost 1980, Hobbs, NM 88240

State of New Mexico Ene Minerals and Natural Resources Department

ISTRICT R D. Drawer DD, Astoda, NM 82210

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

STRICT III CO Rio Brazos RA., Assec, NM 87410

peralor

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS WAI API No.

AMERADA HESS CORPORATION							3002505872				
DRAWER D. MONUMENT, NE	W_MEXI	<u>co</u> 88	265								
on(s) for Filing (Check proper box)		Other (Please expl	air)								
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DESCRIPTION OF WELL	AND LE	ASE									
Neme BLK. 23 Well No. Pool Name, Including						Lease Federal or Fee	I _s ease No.				
<u>ORTH MONUMENT G/SA UN</u> ☞	NII	L	I EUN	LLE MUN	UMENT G/SA	1					
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Section 3 Township	205	5	Range	37	E , NMPM,	and growing a second as a second	LEA	County			
DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
DFSIGNATION OF TRAN	W.Z	16rgy-Pi	peline	<u>LP</u>)	P.O. BOX 4666,						
OTT OIL PIPELINE COM		XIV & AT	or Diy	On [=]	Address (Give address to r						
VARREN PETROLEUM COMP		· · · · · ·	·		P.O. BOX 1589,	TULSA,	OK 74102				
all produces oil or liquids, location of traks.	Unit D	Sec.	1 20S	137E	is gas actually connected? YES	When	1				
production is countrigled with that I		her lease or	·	J	ing order muniber:						
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esignate Type of Completion		pl. Ready id	o Prod.		Teral Depth						
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OF HELDING]						Depth Casing S	Thoe			
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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.

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Submit 5 Croice Submit 5 Croice District Office HCT] los 1980, Hobba, 1814 \$2240

State of New Mexico Minerals and Natural Resources Department Fre

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 No Brazos RA., Aziec, NM 87410

DISTRICT II P.O. Drawer DO. Astocia, NM 84210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No. Operator 3002505872 AMERADA HESS CORPORATION DRAWER D. MONUMENT, NEW MEXICO 88265
Respon(s) for Filing (Chrot proper box) Other (Please explain) New Well nge in Transporter of: X Dry Cas EFFECTIVE 11-01-93. Recompletion Oil Change is Operator Casinghead Gas Condensate If change of operator give same and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lear No. Kind of Lesse BLK. 23 State, Federal or Fee NORTH MONUMENT G/SA UNIT | 7 | EUNICE MONUMENT G/SA Unit Later G : 1676 Feet From The NORTH Line and 1977 Feet From The EAST Line Section 3 Township 20S Range 37E , HMPM, LEA County FOIT OIL PIPELINE COMPANY Chergy Corp Address (Give orthers to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666 Dry Cole [Address (Give address to which approved copy of this form is to be sent) Hame of Authorized Transporter of Casinghead Gas P.O. BOX 1589, TULSA, OK 74102 WARREN PETROLEUM COMPANY Twp. Rge. le gas actually connected? YES When ? wall produces oil or liquids, Unit rive incestion of trades. **D** 13 If this production is commingled with that from any other lesse or pool, give convningling order number IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Flug Back Same Reav Siff Reav Designate Type of Completion - (X) Icial Deceh THE SPENIE Onte Compl. Ready to Prod. P.B.T.D. Too Oil Can Fay Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perferations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWARLE OIL WELL (I est must be after recovery of total valuence of load oil and must be equal to ar exceed top allowable for this depth or be for full 24 hours.) Date Firm New Oil Rug To Tank Producing Method (Flow, pump, gar lift, etc.) Date of Test Length of Tem Tubing Press re Casing Presente Actival Proof During Test Water - Bbla GG MCF Oil . Bhis **GAS WELL** Actual from Teal MCT/D Lingth of Test Bbls. Condensate/MMCF I Gravity of Condencie

VL 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.

nating Method (pilot, back pr.)

Signature TERRY L STAFF ASSISTANT Printed Name

(505) 393-2144 11-03-93 Telephone No.

OIL CONSERVATION DIVISION

Choke Size

Date Approved ____

Casing Pressure (Shift in)

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT | 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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
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Separate Form C-104 must be filed for each pool in multiply completed wells.

Tubing Pressure (Shut-in)

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Er /. Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION

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

RICT III Rio Bracos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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AMERADA HESS CORPORATION	NC		3002505872
rots			
DRAWER D, MONUMENT, NEW	W MEXICO 88265	DV Ct (N NE)	NATEDELOOD HMIT CECCTIV
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well \square	Change in Transporter of:	1/1/92. ORDER NO	FR. J.W. COOPER D #1 TO
All products (Oil Dry Gas	ALSU, CHANGE NAME	SA UNIT BLK. 23, #7.
-64 -2 - Friedrich	Casinghead Ges Condensate	NURTH MUNUMENT G/	SA UNIT DER: EU; #7:
nage of operator give same address of previous operator			
-	NO EDACE		
DESCRIPTION OF WELL A	23 Well No. Pool Name, Includin	e Formation Kin	d of Lease No.
BLK.		IUMENT G/SA	te, Federal or Fee
NORTH MONUMENT G/SA UN	TI / EUNICE TION	tonerr ayer.	
cation G	. 1676 Beet From The NO	ORTH Line and 1977	Feet From The EAST Line
Unit Letter	Peet From the	Line and	
Section 3 Township	20S Range 37E	NMPM, LEA	County
Section 0 Township			
DESIGNATION OF TRANS	SPORTER OF OIL AND NATU	RAL GAS	
me of Authorized Transporter of Oil	or Condensate	Vocaser (Olive organis) to which obland	AND TEVAS 70702
SHELL PIPFLINE CORPORA	ATION	P.O. BOX 1910, MIDL Address (Give address to which appro	nued come of this form is to be sent)
ame of Authorized Transporter of Casings		P.O. BOX 1589, TULS	
WARREN PETROLEUM CORPO	ORATION Unit Sec. Twp. Rge.		hen ?
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levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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HOLE SIZE	CASING & TUBING SIZE	DEFINISE	
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, 1929 9100			
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V. TEST DATA AND REQUE OIL WELL (Test must be ofter	ST FOR ALLOWABLE recovery of total volume of load oil and mu	usi be equal to or exceed top allowable; Producing Method (Flow, pump, ga	
V. TEST DATA AND REQUE OIL WELL (Test must be ofter	recovery of total volume of load oil and mu	Producing Method (Flow, pump, ga	s lift, etc.)
V. TEST DATA AND REQUE OIL WELL (Test must be ofter Date First New Oil Rua To Tank	recovery of total volume of load oil and mu		
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Rua To Tank Length of Test	recovery of total volume of load oil and mu Date of Test Tubing Pressure	Producing Method (Flow, pump, ga	c lift, etc.) Choke Size
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Rua To Tank Length of Test	recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
V. TEST DATA AND REQUE OIL WELL (Test must be ofter Date First New Oil Rua To Tank	recovery of total volume of load oil and mu Date of Test Tubing Pressure	Producing Method (Flow, pump, ga	c lift, etc.) Choke Size
/. TEST DATA AND REQUEDIL WELL (Test must be ofter Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	recovery of total volume of load oil and mu Date of Test Tubing Pressure Oil - Bbis.	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbis.	Choke Size Gas- MCF
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Rua To Tank Length of Test Actual Prod. During Test	recovery of total volume of load oil and mu Date of Test Tubing Pressure	Producing Method (Flow, pump, ga	c lift, etc.) Choke Size
V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Rua To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	recovery of total volume of load oil and mu Date of Test Tubing Pressure Oil - Bbis. Length of Test	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbls. Bbls. Condensate/MMCF	Choke Size Gas- MCF Gravity of Condensate
V. TEST DATA AND REQUED THE WELL (Test must be ofter Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	recovery of total volume of load oil and mu Date of Test Tubing Pressure Oil - Bbis.	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbis.	Choke Size Gas- MCF
V. TEST DATA AND REQUED OIL WELL (Test must be ofter Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.)	recovery of total volume of load oil and mu Date of Test Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Shut-in)	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbls. Bbls. Condensate/MMCF	Choke Size Gas- MCF Gravity of Condensate
V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Rua To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC	Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Choke Size Gas- MCF Gravity of Condensate Choke Size
V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Rus To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and reg	Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE guistions of the Oil Conservation	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Choke Size Gas- MCF Gravity of Condensate
V. TEST DATA AND REQUED OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with as	Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Choke Size Gas-MCF Gravity of Condensate Choke Size
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V. TEST DATA AND REQUED OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complete with an is true and complete to the best of my Signature ROBERT L. WILLIAMS.	Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE guistions of the Oil Conservation and that the information gives above by knowledge and belief. JR. SUPERINTENDENT	Producing Method (Flow, pump, ga. Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSE Date Approved By	Choke Size Gas-MCF Gravity of Condensate Choke Size

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

Appropriate District Offices
DISTRICT J
FO Box 1980, Hobbe, NOM \$82.40

Energy, Minerals and Natural Resources Department

Form C-194
Revised 1-1-39
See Lastractions
at Bottom of Page

PO Derew DO, Avenia, NO. \$1210

OIL CONSERVATION DIVISION P.O. Box 2088

Sama Fe, New Mexico 87504-2088

DISTRICT III 1000 Ro Brien Rd, Azer, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		IO INA	NSFO	NI OIL	AND NAT	UHAL GA		W M.			
AMERADA HESS CORPORATI	ON						W 641 A	30-02	5-058	72	
Drawer D, Monument, NM	882 6	5									
Resson(s) for Filing (Check proper box)			_		_	(Please expla	•				
New Well		Change in	-	_		DA HESS (SICALLY		
Recompletion X	Oil Contact	d Gas 🗍	Dry Gas		100K	OVER OPE	KATIUN	9/2//89			
Change in Operation					11 1 1						
and sources or bicasom obelesses V			P.O. B	ox 14/	, Hobbs,	NM 8824	40				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation EUNICE Kind of Lease											
Lease Name [J.W. Cooper "D"		1			rayburg			of Lease Federal or <u>Fee</u>		ar No	
Location G	1	676		N	orth	19	77		East		
Unit Letter	·		. Feet Fro		orth_Li∞	and	Fe	et From The _		Line	
Section 3 Township	205		Range	37E	, NN	rm, Lea	<u> </u>			County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AND	NATUI							
Name of Authorized Transporter of Oil	. (X)	or Condex	pale [Address (Give	address to wh	ich opproved	copy of this fo	rm is to be se	N)	
Snell Pipeline Corpora Name of Authorized Transporter of Casing		ſΧ'n	or Dry C		P.O. Box						
Warren Petroleum Corpo			u Dij C		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102					rd)	
If well produces oil or liquids,	Unit	Sec.	Twp		ls gas actually		When				
give location of tanks.	[6]	3	205	1 3/E		Yes					
If this production is commingled with that f IV. COMPLETION DATA	rom any our	SET HANG OF	poor, gave	comming)	ing order namp	थ. 	<u>-</u>		·		
Designate Type of Completion -	· (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready W	o Prod.		Total Depth			P.B.T.D.	l	J	
Devations (DF, RKB, RT, GR, atc.) Name of Producing Formation					Top Oil/Cas P	ay		Tubing Depth			
Perforations				······································			· · · · · · · · · · · · · · · · · · ·				
								Depth Casin	å 200¢		
	1				CEMENTIN		D		-		
HOLE SIZE	CA	SING & TI	UBING S	IZE	DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	TEOP	ALLOW	ARIF								
OIL WELL (Test must be after re	covery of to	otal volume	of load o	il and musi	be equal to or	exceed too allo	mable for thi	t denth or he	for full 24 kou	σ+ }	
Date First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Tes	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	1				1	-					
Actual Prod. Test - MCF/D	Length of	Test		·	Bbls. Conden	SIEMMCF		Gravity of (Condensate		
	Tubing Pr	accion (Chi	d. ini		Cooling Davis	- (% - ')			. <u></u>		
Testing Method (pital, back pr.)	Tubing Pressure (Shut-in)			Casing Pressu	us (Sumi-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	CE		211 001	ורביי	ATION	DN 11015		
I hereby certify that the rules and reguli	ations of the	Oil Conse	rvation			DIL CON)N	
Division have been complied with and is true and complete to the best of my k	mai ine imo mowledge a	mauon gr und belief.	VED ADOVE			•		ICT ► 6	1980		
B UNE AND COMPLETE TO THE COM OF THE AND POSITION.					Date Approved OCT 6 1989 ORIGINAL SIGNED BY JERRY SEXTON						
Signature Sam Small District Superintendent					Ву_			ned by Jer It i Superv		N	
Signature Sam Small Distr	ict St	perint	Title	L	Tale						
October 4, 1989	(505)		2144		Title						
Date		Tel	ephone N	O.		en Williams					
والمرازية والمناسب والمناسبة والمناسبة والمناسبة والمناسبة والمناسبة والمنازة والمناسبة والمنازة والمناسبة					المالون والمرد والمسادي			Acres and Sept. 1. A. A.	A	Market Market	

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.