Surveit 3 Copted
Appropriate District Office
DISTRICT J
P O Rea 1980, Hobbs, NM 82240

Targy, Minerals and Natural Resources Depart H

Form C-164
Revised 1-1-89
See lastractions
at Bottom of Page

DISTRICT B. F.O. Derver DD, Annala, NOM \$4210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Ruo Brazos Rd., Assec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.		io in	NOF	ON I OIL	ANU NA I	UHAL GA					
AMERADA HESS CORPORATION								ињ 30-025-05875			
Address Drawer D, Monument, N	ew Mexi	co 88	8265					=>U -U 3	<u> </u>	<u> 3 75 </u>	
Reason(s) for Filing (Check proper box)					Othe	E (Please expla	زمنا				
New Well Change is Transporter of: AMERADA HESS CORPORATION PHYSICALLY Recompletion Dry Gas TOOK OVER OPERATION 9/27/89											
Recompletion U	Oil Cannobea		Dry C		WELL T		AIION 9	/2//89			
16 1									 		
II. DESCRIPTION OF WELL			P.U.	BOX 14	7,Hobbs,	NM 8824	0				
Lease Name Well No. Pool Name, Include					as Formation	San	Yad	of Leave			
J.W. Cooper "B"		1 Euice Monu			, , , , , , , , , , , , , , , , , , , ,				Lease Lease No.		
Location Unit LetterF	. 19	80	Fea I	rom The N	orth_Lix	and 198	0 5	et From The	West	Line	
Section 3 Township	300						_	er a noin the			
Section 3 Township	p 20S		Range	: 37E	, NN	1PM, L	ea			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Corpor Name of Authorized Transporter of Casing		(X)	or Dr	v Gas [P.O. Box 1910, Midland, Texas 79702						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corporation					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102					ert)	
If well produces oil or liquids,	Unit	_	Twp		Is gas actually connected? When						
give location of tanks.	commingled with that from any other lease or pool, give commingling order number:						i				
IV. COMPLETION DATA	irom any our	er make or	pooi, g	ive commus	ing order numb	.					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	ol. Ready to	Prod.	· · · · · · · · · · · · · · · · · · ·	Total Depth		<u></u>	P.B.T.D.	I	<u> </u>	
TO THE DE CE ALL	Name of D					Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations								Depth Casin	Depth Casing Shoe		
						 					
HOLE SIZE		TUBING, CASING AND				· · · · · · · · · · · · · · · · · · ·					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	ST FOR A	LLOWA	ARLE	2	1		-	!			
OIL WELL (Test must be after t					be equal to or	exceed top allo	mable for thi	s depik or be	for full 24 hou	σ1)	
Date First New Oil Run To Tank	Date of Te	g			Producing Me	thod (Flow, pu	mp, gas lift, e	etc.)	,,		
1 / 7 /	This bear							-			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	hil - Bbis.				Water - Bbls.			Gas- MCF		
											
GAS WELL	_										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			(C) -1 - 6'-	Choke Size		
Learning Internee (bear) area by a								Choice Size	Sick Sik		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			_ 				
I hereby certify that the rules and regulations of the Oil Conservation						DIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								OCT	6 19	189	
	01				Date	Approve	d				
Jan	9//				D						
Signature Sam Small District Superintendent					∥ _B y−	By ORIGINAL SIGNED BY JERRY SEXTON					
Printed Name Title					DISTRICT I SUPERVISOR Title						
October 4, 1989	(505				'"'e						
Date	المراجع المراجع المراجع	ાલ	phone	140.							

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.