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DISTRICT B. P.O. Driver DO, Amela, NM 86210

\_ Energy, Munerals and Natural Resources Department

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Res Brace Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMERADA HESS CORPORA	TION				Well A	ri Na			
dáres		0026F			. 1		· · · · · · · · · · · · · · · · · · ·		
Drawer D, Monument, Lescon(s) for Filing (Check proper box)	New Mexico	88265	Other (	Please explain	1)	<del></del>			
ken Well		is Transporter of:		AMERADA HESS CORPORATION physically took					
accompletion		Dry Cas 🔲	over ope				-		
Dange in Operator X	Casingheed Gas	<del></del>					<del></del>		
change of operator give name MKA	Oil Propert	ies, 304 Nat	ional Bank	Bldg., I	Midland	, Texas	79701		
L DESCRIPTION OF WELL	AND LEASE	1							
Lesse Name	Well N	io. Pool Name, lach	-	- 1			Le	se No.	
M.E. Laughlin	5	I Eunice Mo	nument G/SA	1		federal or Fee	1		
Unit Letter	1980	Feet From The	South Line at	1980	F=	d From Th⊷	East	Line	
8 -	200			•				_	
Section 4 Towns	hip 20S	Range 37E	, NMP	M, Le	<u>a</u>	·		County	
II. DESIGNATION OF TRA	NSPORTER OF	OIL AND NAT	URAL GAS						
Name of Authorized Transporter of Oil	Address (Give a	Address (Give address to which approved copy of this form is to be sent)							
Shell Pipeline Corpo Name of Authorized Transporter of Cas		P.O. Box 2648, Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)							
Warren Petroleum Corporation				P.O. Box 1589, Tulsa, Oklanoma 74012					
Y well produces oil or liquids,	Unit Sec.	Twp. Rg		connected?	When	7			
pive location of tanks.  If this production is commingled with the	at from any other beau	t or nool sive commis	Yes	<del></del> -					
V. COMPLETION DATA									
Designate Type of Completic	n - 00	Well Gas Well	New Well	Workover	Doepea	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completic	Date Compl. Read	dy to Prod.	Total Depth			P.B.T.D.		<u> </u>	
er Shreen									
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pa	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe				
1 Mile arrows									
		NG, CASING AN	D CEMENTIN	G RECORI	D				
HOLE SIZE	CASING	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						1			
								<del></del>	
	DOM POD ::: :	STIAD: 5							
V. TEST DATA AND REQU	EST FUR ALLC	JWABLE lune of load oil and —	uti he emial to as a	xceed ton all-	nushla far sk	is don't so be to	e full 74 have	· · 1	
OIL WELL (Test must be after Date First New Oil Run To Tank		t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure		Casing Pressure	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.		Water - Bbis.			Gas- MCF		
Menter 1 tons manifest 1							_		
GAS WELL					-				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	Bbls. Condensate/MMCF			Gravity of Condennate		
	Tubing Pressure	(Shist-in)	Cacino Druemin	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	taning Liesanie	( <del></del>	Country 1 (coat)	County a ressonic (Quarant)			CHORE SIZE		
VI. OPERATOR CERTIF	ICATE OF CO	MPLIANCE	1 _						
I hamby certify that the rules and re	egulations of the Oil C	Conservation		IL CON	ISERV	ATION [		_	
Division have been complied with is true and complete to the best of		NOV № 9 1989							
is true and complete to the test of	,	<del></del>	Date:	Approve		a:	<del></del>		
W. C. Wheler	.   .	Orig. Sign. Paul Kautz							
Signature District Management of the Management	Sunv	Adm. Ser.	By_		G	cologist	***	<del></del> -	
R.W. Wheeler		Title	Title						
11-8-89	505 3	393-2144	-    TRIE_		· · <del>- · · · ·</del> · · ·	•			
Date		Telephone No.							

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

- 1) Request for allowable for newly chilled 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.