

District II
Drawer DD, Azusa, NM 88210

District III
Box 1000, Hobbs, NM 88240

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	AMERADA HESS CORPORATION	Well API No.	3002505918
Drawn	DRAWER D, MONUMENT, NEW MEXICO 88265		
Location(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> Other (Please explain)		
Well Completion	Change in Transporter of:	EFFECTIVE 11-01-93.	
<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas		
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate		
Signature of operator give name			
Address of previous operator			

DESCRIPTION OF WELL AND LEASE

Well Name	BLK. 21	Well No.	9	Pool Name, including Formation	EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
NORTH MONUMENT G/SA UNIT							
Location	Unit Letter	I	1990	Feet From The	SOUTH	Line and	663
	Section	5	Township	20S	Range	37E	LEA
							County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	EOIT Energy Pipeline LP	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	WARREN PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 1589, TULSA, OK 74102				
Well produces oil or liquids, or location of tanks	Unit	Sec.	Twp.	Range	Is gas actually connected?	When?	
	D	9	20S	37E			

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Recv	Nil Recv
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (D.F., P.K.B., RT., GR., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. 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)		
Time First New Oil Rng 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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 NOV 18 1993

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.

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. 3002505918
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> EFFECTIVE 11-01-93. Change in Operator <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. 21 NORTH MONUMENT G/SA UNIT	Well No. 9	Pool Name, Including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I 1990 Feet From The SOUTH Line and 663 Feet From The EAST Line Section 5 Township 20S Range 37E, NMNM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate 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. 9
	Tap 20S	Rge. 37E
Is gas actually connected?		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 Reev	Off Reev
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, PKB, 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 (puce, 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.

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Printed Name TERRY L. HARVEY Title STAFF ASSISTANT
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