Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSPO	ORT OIL	AND NAT	URAL GA		KI LI		
Persion Well API No.										
AMERADA HESS CORPORATI	UN									
Address DRAWER D, MONUMENT, NE	W MEXT	CO 8826	65							
Reason(s) for Filing (Check proper box)	112/12				X Othe	r (Please explo	iin)			
New Well		Change in				QUEST TE				
Recompletion	·					L CIRC.	FR. WELL	. DURING	CASING	TEST.
Change in Operator	Casinghead Gas Condensate									
If change of operator give name and address of previous operator				·					-	
II. DESCRIPTION OF WELL AND LEASE										
Lease Name	ALVO DE		Pool N	ıme, İncludi	ng Formation		Kind of Lease No.			
BRITT "A"		4	MONU	MENT P	ADDOCK		State,	State, Federal or Fee LC-03162		31621-A
Location							_			
Unit Letter N	_ : <u>_</u>	990	Feet Fr	om The <u>SO</u>	UTH Line	and	<u>0</u> Fe	et From The	WEST	Line
	2	20S	D	37E	A.D.	(TA.)			LEA	County
Section 6 Township	2	203	Range	3/6	, run	IPM,			LLM	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil Andrew Pipelin Aldress (Give address to which approved copy of this form is to be sent)										
SHELL PIPELINE CORPORATION Effective 4-1-94 P.O. BOX 2648, HOUSTON, TEXAS 77252										
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,	s, Unit Sec. Twp. Rge. is gas actually connected? When?									
blocation of tanks. K 8 20S				• -	,		i	•		
If this production is commingled with that i	from any ot	ther lease or	pool, giv	e comming	ing order numb	er:				
IV. COMPLETION DATA					γ ,			,	,	
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		nol Ready to	Prod		Total Depth		l	P.B.T.D.	I	
Date Spanier	Date Compl. Ready to Prod.							F.B.1.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										
10 F 87F	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	OASING & FORMS SIZE				DEFIN SET			Shorts delivery		
	T FOR	AT LOW	<u> </u>		<u> </u>					
V. TEST DATA AND REQUES					h				for 6.11.24 hou)
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of T		oj ioaa i	ou ana musi					jor juli 24 hou	<u> </u>
Date in a rew on real to real	Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure			Casing Pressu		Choke Size				
						- 125 126				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
						 		.L		
GAS WELL			 		15::					
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conden		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
, and the same of										
VI. OPERATOR CERTIFIC	ATE O	F COMP	PIJAN	ICE						
1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Approved					
WP W. M. Ca										
Signature A.					By Saguant correspondent StateM					
R. L. WHEELER, JR. SUPV. ADM. SVC.						7.	<i>ग्</i> डरचंडर रे	. ទេ) ! ៤ បាន		
Printed Name Title					Title				٠٠	
5/15/91 Date			<u>393-2</u> ephone N							
		1 510	Arionic L	~ .	<u> </u>	- المستقد المس				

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.