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ppropriete District Office 0. Box 1980, Hobba, NM 88240

State of New Mexico Forey, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Adeela, 16M 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berson Rd., Asiec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Amerada Hess Corporation 30-025-05858 Addres Drawer D, Monument, New Mexico 88265 Reason(s) for Filing (Check proper box) Other (Please explain) New Well O Change in Transporter of: Dry Gas Recompletion Oil Effective 11-1-93 Change in Operator If change of operator give same and address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee T. Anderson Monument Blinebry Location 1650 2310 Feet From The South Line and 1659 Unit Letter . West Feet From The _ 20S Township Range 37E Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil EOTT Oil Pipeline Co. Cressey Address (Give address to which approved copy of this form is to be sent) or Condensate Carp P.O. Box 4666, Houston, Texas 77210-4666 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Company P.O. Box 1589, Tulsa, OK 74102 If well produces oil or liquids, give location of tanks. **Twp.** 20S | Unit Rge. Is gas actually connected? When? Κ 8 37E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.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 HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Rug To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Press:re Casing Pressure Choke Size Actual Prod. During Test Oil - Bbla Water - Bbls Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bols. Condensate/MMCF Gravity of Condenuate Testing Method (pilot, back pr.) Tubing Pressure (Shut-m) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I 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 is true and complete to the best of my knowledge and belief. NOV 18 1993 Date Approved ORIGINAL SIGNED BY JERRY SEXTON Signature R.L. Wheeler Jr. DISTRICT I SUPERVISOR Supv. Admin

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

Printed Name 11-01-93

Deta

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

- 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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