INCT | Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astedia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMERADA HESS CORPORATION						Well API No. 30-025-06035					
Address											
DRAWER D, MONUMENT, NEW	MEXIC	0 882	65								
Reason(s) for Filing (Check proper box) New Well		Change in	Ter-		Oth	er (Please exp	lain)	<del></del> -			
Recompletion X	Oil		Dry G								
Change in Operator	Casingho	ud Gees 🔲	Conde								
If change of operator give same and address of previous operator				<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·		<del></del>	
IL DESCRIPTION OF WELL	ANDIE	ACE					·			<del></del>	
Lease Name			Pool N	ame lacked	ng Formation Kind o			of Lease No.			
V. LAUGHLIN	. LAUGHLIN		2 EUMONT YATE						•   '	Lease No.	
Location										<del></del>	
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line											
Section 9 Township	a 9 Towaship 20S			Range 37E , NMPM, LEA			Λ	_			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
ILL. DESIGNATION OF TRAN Name of Authorized Tressporter of Oil	SPORTE	OF OF CORDER	IL AN	D NATU							
	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
TRANSWESTERN PIPELINE C	hern	nat	l gan	P.O. BOX	<u></u>	HOLISTON	TEXAS 77251				
If well produces oil or liquids, give location of tanks.	Sec.	Twp.	Rge.	is gas actually	y connected?	When	7				
f this production is commingled with that f	TOTE BEY OU	er lease or	pool eiv	or commine	LYES			5-1	2-92		
V. COMPLETION DATA			<b>, , , , , , , , , , , , , , , , , , , </b>	· · · · · · · · · · · · · · · · · · ·	ing older main		<del></del>	<del></del>			
Designate Type of Completion	- (X)	Oil Well	T.	Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.	<u> </u>	Total Depth	<u> </u>		<u> </u>	<u>i</u>	<u>i x</u>	
	11/19/91				3861'			<b>P.B.T.D.</b> 3550 '			
Elevations (DF, RKB, RT, GR, etc.) 3560 GR	Name of Producing Formation				Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
7560' GR EUMONT YATES 7RQ					L			3196'			
3258'-3460'								Depth Casin	g Shoe		
		UBING.	CASII	NG AND	CEMENTIN	VG PECOE	D	<u> </u>	<del></del>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
11"	13"				236'			PREVIOUSLY RAN			
7-7/8"		8-5/8" 6-5/8"			ļ	2442'			11 11		
	2-7/8"				3790' 3196'			<del> </del>	И п		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABLE		<u> </u>		<del></del>	<u> </u>	····		
OIL WELL (Test must be after re Date First New Oil Rua To Tank	Date of Te	tal volume	of load o	oil and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	ws.) .	
	5/19/92				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.			11/							
	Oil - Boil.				Water - Bbls.			Gas- MCF			
GAS WELL			·		<u> </u>	<del></del>		<del> </del>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	nte/MMCF		Gravity of C	Sandan in the		
535 esting Method (pitot, back pr.)	24 HRS.							Joievilly of C	or craige		
FLOWING					Casing Pressure (Shut-in)			Choke Size			
7I. OPERATOR CERTIFICATE OF COMPLIANCE					0_			19/64	II		
I receive certain that the name and regulations of the contra					c	DIL CON	<b>ISERV</b>	ΔΤΙΩΝΙ	DIVICIO	<b>N</b>	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							I V	TION	DI 8 1916	אוע	
O /////// // O Desire!					Date ApprovedMAY A & &						
K. E. Whaley Ja						.,	-			<del></del>	
ROY L. WHEELER SUPV. ADMIN. SER.					Ву						
Printed Name  5 (20 (20)							*		- <del> </del>		
5/20/92 Date	50	)5-393-	-2144		Title_	<del></del>	<del></del>			<del></del>	
		Telep	phone N	0.							

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
- 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.