

State of New Mexico
Minerals and Natural Resources Department
District I
P.O. Box 1900, Hobbs, NM 88240

State of New Mexico
Minerals and Natural Resources Department

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

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 Grande Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMERADA HESS CORPORATION	Well API No. 3002506037
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) EFFECTIVE 11-01-93.	
New Well ☐ Recompletion ☐ Change in Operator ☐	Change in Transporter of: Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLK. 24 NORTH MONUMENT G/SA UNIT	Well No. 2	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Corner B 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 9 Township 20S Range 37E, T10M, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT OIL PIPELINE COMPANY	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				
If well produces oil or liquids, give location of tanks	Unit D	Sec. 9	Twp. 20S	Rgr. 37E	Is gas actually connected? When?

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Revv	NIT Revv
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., P.R.B., R.T., G.R., 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 Ruc 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 (prior, 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.

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.