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Appropriate Cintrict Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E y, Minerals and Natural Resources Departme

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

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

DISTRICT III 1000 Rio Brizos Rd., Aziac, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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AMERADA HESS CORPORATION 44rees						3002506038					
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soe(s) for Filing (C						Other (P	ease explai	NEW WA	TERFLOOD	UNIT FF	FECTIV
w Well			Change in			1/1/92.	ORDE	R NO.	R-	9494	_
completion	닕	Oii		Dry Gas		CHANGE	LEASE	NAME & I	10. FR.	W.H. LAL	JGHL I N
ange in Operator	<u>X</u>		ed Ges 🗌			TO NORT	H MONU	MENT G/S	SA LINIT		
heage of operator g address of previous	ive same MAR s operator	ATHON 01	L COMPA	NY, P	'.O. BO	X 522, MIC	LAND,	TEXAS	79702		
DESCRIPTION		L AND LE	ASE								
ease Name		. 24		Pool Na	ne. Includir	g Formation		Kind o	Lease	i.e	se No.
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lame of Authorized			or Condes	- Alle		Address (Give ad			• • • •		u)
SHELL PIPEL same of Authorized				D 4		P.O. BOX	2648	HOUSTO	Y. TEXAS	77001.	
WARREN PETE	•	-		or Dry (;	Address (Give ad					·U)
well produces oil o		Unit	Sec.	Twp.	Rec	le gas actually co		When		02	
ive location of tanks.		j	i			,		1 ******	•		
this production is or		hat from any o	ther lease or	pool, giv	e commingi	ing order number:					
v. completi	ION DATA		100 20 4)				· · · · · · · · · · · · · · · · · · ·	· y · · · · · · · · · · · · · · · · · ·
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Elevations (DF, RKB)	PT CP HAI	Name of	Producing Fo			Top Oil/Gae Pay			ļ	<u></u>	
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OIL WELL	(Test must be aft	er recovery of	total volume			be equal to or ex	ted top all	owable for th	is depth or be	for full 24 hou	rs.)
OIL WELL	(Test must be aft		total volume			be equal to or ex.	sted top allo	owable for the	s depth or be	for full 24 how	rs.)
OIL WELL Date First New Oil F	(Test must be aft	er recovery of	Test			be equal to or ex. Producing Metho Casing Pressure	seed top allo	owable for th ump, gas lift,	is depth or be		rs.)
OIL WELL Date First New Oil F Length of Test	(Test must be aft Rua To Tank	Date of	Test			Producing Metho	seed top allo	owable for th ump, gas lift,	etc.)		rs)
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OIL WELL Date First New Oil F Length of Test Actual Prod. During	(Test must be aft Rua To Tank	Date of Tubing I	f total volume Test Pressure			Producing Methor Casing Pressure	seed top all d (Flow, pi	owable for th ump, gas lift,	choke Size		72)
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TRUCTIONS: 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.