Submit 5 Copies DISTRICT 1 .0. Box 1980, Hobbs, NM \$8240

DISTRICT II P.O. Drawer DD, Astenia, NM 55210

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		UTHAN	ISPORT OIL	AND NA	UHAL G	AS					
AMERADA HESS CORPORAT	TON		Well A								
Vicence Vicence	1011						1	3002506	039		
DRAWER D, MONUMENT, N	EW MEXI	CO 882	265								
lesson(s) for Filing (Check proper box)				Ou Ou	et (Please exp	lair)	NEW	WATERFLO	OD UNIT	EFFECTI	
iew Well			Transporter of:		2. ORDE			R-94		•	
Recompletion	Oil Casinghosd		Dry Gas					W.H. LA			
• • •			PANY, P.O.	BOX 552	MIDIAN	II (ID.	<u>אר /ג</u> דדעסק	NIT BLK. 79702	24, #6	•	
id address of previous operator											
I. DESCRIPTION OF WELL		the second s								_	
Lesse Name BLK.		1	Pool Name, Includi	-				A Lease Fodoral on Fou	_	ease No.	
NORTH MONUMENT G/SA U		6	EUNICE MC	DNUMENT	G/SA		June,	Federal or For		<u> </u>	
Unit LatterF	. 1980) .	Feet From The	NORTH.		198	30 _		WEST		
	_ :	I	reet From The		e and		<u> </u>	et From The .	MLJI	Line	
Section 9 Townshi	2 05	j1	Range 37E	, N	MPM,	LE/	4			County	
II DECICIATION OF TRAN											
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	FX1	or Condens			n address to	which	ammowed	copy of this f	orm is to be s	ent)	
SHELL PIPELINE CORPOR	ATION			1				ON, EXAS			
Name of Authorized Transporter of Casing	-		or Dry Cas	Address (Gi	n address to s	which	approved	copy of this f	orm is to be s	end)	
WARREN_PETROLEUM_COMP If well produces oil or liquids,		<u>.</u>						<u>, OK 74</u>	102	·····	
ive location of tanks.	Unit	Sec.	Twp. Rge.	la gas actual	iy connected?		When	7			
this production is commingled with that	from any oth	er lease or p	ool, give commingi	ling order pur	iber:						
V. COMPLETION DATA				-							
Designate Type of Completion	- M	Oil Well	Gas Well	New Well	Workover	ſ	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		N. Ready to 1		Total Depth	<u> </u>		• • • • • •	l,	l		
		A. Really 10	riou.	Total Deput				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing For	mation	Top Oil/Gas	Pay			Tubing Dep		·····	
	<u> </u>							B			
Perforations								Depth Casi	ng Shoe		
	 Т	TIRING	CASING AND	CEMENT	NC PECO			<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				1	SACKS CEMENT		
······											
	+			·		·			·····		
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE	L		·,		.L			
OIL WELL (Test must be after r				i be equal i o o	r exceed top a	llow	able for th	is depth or be	for full 24 ho	urs.)	
ate First New Oil Rua To Taak Date of Test				Producing N	lethod (Flow,	puny	etc.)	<u></u>			
Length of Test	Dubing D										
	Tubing Pressure			Casing Pressure			Choke Size	CHORE SIZE			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D									•		
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	Bille/MMCF			Gravity of	Condensale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size			
			_,	Casing ries	une (Shuk-la)			Choke Size	2		
VI. OPERATOR CERTIFIC	ATE OF	COMP	IANCE	┨┌╼╌───						<u></u>	
I hereby certify that the rules and regul	ations of the				OIL CC)NS	SERV	ATION	DIVISI	NC	
Division have been complied with and is true and complete to the best of my	that the infor	mation give	a above							0.11	
		od Dellel.	\mathbf{r}	Dat	e Approv	/ed		JAN 0	3 'YZ		
LIXI		(,,			·			
Signature RUBERT L. WILLIAMS. J				By_							
ROBERT L. WILLIAMS, J Printed Name	K. UNI		INTENDENT			- R -		0			
1/1/92			Title 3-2144	Title)						
Date		_	abone No.								

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.