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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Depar it

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator		TOTR	ANS	SPORT (	DIL AN	AN C	TURAL C	AS						
•	Amerada Hess Corporation								Well AM No.					
Address	área						30-025-09318							
Drawer D, Monument	, New Me	xico 8	826	5							•			
Resson(s) for Filing (Check proper in New Well	ax)	O	la T	aporter of:	X	Oth	et (Please exp	olain)						
Recompletion	Oii		Dry		ם			5555	CTIV	'E 11-01	00			
Change in Operator	Casingh	med Gas						CFFE	CIIV	c 11-01	-93			
if change of operator give name and address of previous operator												<del></del>		
II. DESCRIPTION OF WE	I.I. AND I I	TACE			·			<del></del>						
Lease Name B1	k. 4		Poo	i Name, Inc	luding For	nation	<del></del>		Vind	of Lesse	<del></del> ;	11.		
North Monument G/S	A Unit									e, Foderal or Fee B-4086-		AND NO.		
Location							······································					<u>000-2</u>		
Unit LetterA	:	990	_ Fee	Prom The	<u>North</u>	Lin	bas	330	F	et From The	East	1		
Section 24 Tow	vanhip 19S		Ran	<b>26</b> 36E		. NI	<b>ЛРМ</b> ,		1	Lea		C		
THE DECICAL THOM OF THE	ANODODO											Count		
III. DESIGNATION OF TR Name of Authorized Transporter of C EOIT Oil Pipeline	XI LAJ	or Cond		P Bei	TORAL TO LOGA	GAS	e adhess to	which as		laani afalia	<u> </u>			
EOTT Oil Pipeline	Co. LAJ	EII	ectiv	/e <del>4-1</del> -94	Р.	0. B	ox 4666	- Ног	isto:	п. Техая	77210	eni) -1666		
Name of Authorized Transporter of C Warren Petroleum Co	asinghead Gas		or E	Dry Ges [	]   Addr	44 (Giv	e address to w	vhich ap	proved	copy of this	form is to be s	-4000 eni)		
If well produces oil or liquids,	Unit	Sec.	Twy	, ,	<u>β</u>	0. B	ox 1589 connected?	, Tul			102			
rive location of tanks.	σ	i <i>19</i>	1 19	S i 3	7E	•	•	1	When	7				
f this production is commingled with V. COMPLETION DATA	that from any o	ther lease or	r pool,	give comm	ingling ord	a sumi	xer:	1						
V. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·	Oil We	, T	Con W. H	- 1 s.	***	Γ <del></del>				<b>V</b>			
Designate Type of Complet	ion - (X)	JOH WE	"	Cas Well	Nev	Well	Workover	Do	epen	Plug Back	Same Res'v	Diff Res		
Date Spudded	Date Con	npl. Ready I	lo Prod	L	Total	Depth				P.B.T.D.	.l			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay								
					1000		ray			Tubing Depth				
Perforations										Depth Casing Shoe				
		TIDDIC	-	CDIO AN						ļ				
HOLE SIZE	CA	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				84848 884				
						52.111521				SACKS CEMENT				
		<del></del>												
								<del></del>						
. TEST DATA AND REQU	JEST FOR	ALLOW	ABL	Ē		<del></del>			<del></del>	<u> </u>		<del></del>		
IL WELL (Test must be after recovery of total volume of load oil and must be First New Oil Rus To Tank Date of Test				usi be eque	st be equal to or exceed top allowable for this depth or be for full 24 hours.)									
THE PART OF THE PART OF THE	Date of 1	ALE OF TES				Producing Method (Flow, pump, gas lift, et				tc.)				
ength of Test	Tubing Pr	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbla	Oil - Bhis				Pr.	-							
	Oil - Boil	•			Water	- BDIC				Gas- MCF				
GAS WELL					L					<u> </u>		· <del>·</del> · · · ·		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. (	onden	ate/MMCF			Gravity of C	ondensus			
esting Method (pitot, back pr.)	Thing Pr	essure (Shu												
y construction of the contract	i morale i i	ceens (200	4-W)		Casing	Pressu	re (Shut-in)			Choke Size		············		
I. OPERATOR CERTIF	ICATE OF	COMI	PI IA	NCE	r			<del></del>		<u> </u>	<del></del>	···		
I hereby certify that the rules and n	emilations of the	OH C				C	IL CO	NSE	RV/	ATION	DIVISIO	N		
Division have been complied with is true and complete to the best of i	and that the info my knowledge a	rmation giv and belief.	rea abo	) <b>V</b> 0						1 1993				
00111	1					Date	Approve	<b>d</b>		1 1000	·			
K Ell hules &					║.	_								
R.L. Wheeler Jr.	Supv. Ad	min. S	_ <del></del>			Ву				JPERVISO				
Printed Name 11-22-93			Title		∙∥ -	Title_	. U	いいだし	1126	PLFV A12A)	N.			
	505	-393-2	144		11	1111 <b>0</b> _								
Date			phone	No	- []									

- 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.