DISTRICT II
P.O. Drewer DD, Astonia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQ	UEST FO	OR	ALL(DWAE	BLE AI	ND A	AUTHORI	ZATIOI	٧					
Operator	AND NATURAL GAS														
Amerada Hess Corporat	ion											30-025-09882			
Address					*******			·			30-025	-09882			
Drawer D, Monument, No Reason(s) for Filing (Check proper box)	<u>ew Mexi</u>	<u>ico 88</u>	265												
New Well		Change in	Tma				Othe	t (Please expl	ain)	-					
Recompletion	OU		Dry	aporuer Gas						.					
Change is Operator		M Com ☐		desant	й			t	:FFECT	ŢĀĒ	11-01-	93			
If change of operator give same									WE	00	LTAG				
and address of previous operator		-			******							 -			
IL DESCRIPTION OF WELL															
Lease Name Blk. 5						-				od c	of Lease No.				
North Monument G/SA Ur Location	nit 10 Eunice M				onument G/SA S				<u></u> , 1	Federal or Fe	B-1	B-1167-18			
1	10	80			_			_					1-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Unit LetterU	_ :13	00	. Feat	Prom	The 30	outh	_ Line	and1	980	Fo	et From The	East	Line		
Section 19 Township	1 9S		Pan	se 3	7 F			ирм,		1					
								nrm,			ea		County		
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND I	NATU	RAL G	AS								
Name of Authorized Transporter of Oil FOTT Oil Pipeline Co		or Condex	sale		3	Address (Give address to which approved copy of this form is to									
EOTT Oil Pipeline Co. Name of Authorized Transporter of Caringhead Cas X or Dry Cas						P.O	<u>. Вс</u>	ox 4666,	Houst	on	, Texas	77210-	4666		
Warren Petroleum Compa			OF D	ny Gas	· L	Address	l (Giw	address to w	hick appro	wd	copy of this fo	orm is to be se	nt)		
If well produces oil or liquids,	Unit	Sec.	Twp		Rge.	la pag a	on BC) x 1589,		hem)2			
give location of tanks.	io	i 19	1199	s i	37F	1	-) W	DEB	r				
If this production is commingled with that i	from any of	her lease or	pool,	give a	onming	ing order	Bumb	xer:	L						
IV. COMPLETION DATA					-			***************************************					· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	. ന	Oil Well	ļ	Gas	Well	New	Well	Workover	Deeper	•	Plug Back	Same Res'v	Diff Res'v		
Data Spudded		pl. Ready to				Total N			1			İ	<u>i</u>		
•		pr. Ready &	riou			Total D	epu	•			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Todacing Fo	emati	OS.		Top Oil	/Gas F	24			<u> </u>		····	_	
					,					Tubing Depth					
Perforatio ns					<u> </u>					Depth Casing Shoe					
		******		· · · · · · · · · · · · · · · · · · ·							•	•	•		
HOLE SIZE	1	TUBING, CASING AND						NG RECOR	D						
MOLE SIZE	CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT				
	 					 -					ļ	······································		\Box	
					~	 -					 			_	
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V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E	*	J					L				
OIL WELL (Test must be after re Date First New Oil Rup To Tank	covery of u	otal volume	of loa	d oil a	nd must	be equal	lo or	exceed top all	owable for	this	depth or be i	for full 24 hou	rz.)		
Date First New Oil Run To Tank Date of Test						Produci	ng Me	thod (Flow, p	ump, gas li	ft, e	IC.)	····		٦	
Leagth of Test	Tubing Pre	PERITO		· · · · · · · · · · · · · · · · · · ·		Chaine	D				1.00				
	Oil - Bbis.					Casing Pressure Water - Bbls.					Choke Size				
Actual Prod. During Test											Gas- MCF				
	<u></u>				***									1	
GAS WELL														J	
Actual Prod. Test - MCF/D	Length of	Test	-			Bbls. C	ouden	me/MMCF			Gravity of C	on den tate		- - 1	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)									
sound morrow (base) text by 3											Choke Size				
VI OPERATOR CERTIFIC	L OF					\ <u></u>									
VI. OPERATOR CERTIFIC	ATEOF	COMP	LIA	NCI	E		_		ioen		ATION	D !! !! O ! O			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION									
is true and complete to the best of my knowledge and belief.						Date Approved DEC 0 1 1993									
6) 01111 1 0							ate	Approve	d			 			
Simenum							ORIGINAL SIGNED BY JERRY SEXTON								
R.L. Wheeler Jr. Supv. Admin. Svc.						By DISTRICT SUPERVISOR									
Printed Name Title						-	"41 -	•							
11-22-93 Date	5(<u>05-393-</u>					itle .								
	2200		pone												
INCIDUCATIONS -	and the second second		Sec. 3	S F			1		ka zeko az	445	Control of the Contro				

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.