Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Sume of New Mexico Ene Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berson RA., Assec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | | | 1 | 1100 | | |
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| AMERADA HESS CORPORAT | ION | | | | 300250988 | 2 | |
| PONTED D. MONUMENT N | IEU MEVICO OC | 2005 | | | | | |
| DRAWER D, MONUMENT, N cos(s) for Filing (Check proper box) | IEM MEXICO 88 | 3265 | Other (Please explain | a) NEW WA | TEDEL OOD | UNIT C | CCCCTI |
| Well | Change in ' | Transporter of: | | DER NO. | R-949 | | FFECII |
| ompletion | | Dry Gas | CHANGE LEASE | | | | #1 |
| age in Operator | - | Condensate | TO NORTH MON | | - | | – |
| see of granter give same SHE | LL WESTERN E8 | AP INC., P.O | . BOX 576, HOUST | | | | |
| iddress of previous operator | | · · · · · · · · · · · · · · · · · · · | | | | | |
| DESCRIPTION OF WELL | | | | Kind of | | | e No. |
| BLK. | ' ' | , | • | | ederal or Fee | | |
| NORTH MONUMENT G/SA U | JNIT 10 | EUNICE MO | NUMENT G/SA | 4400 | | R-11 | 67-18 |
| ation | . 1980 | Feet From TheS | OUTH 10 |)80 Fee | . r m. | EAST | Line |
| Unit Letter | .: | reat From the | COTTO LINE AND | ree | t From The | | |
| Section 19 Township | 1 98 | Range 37E | , NMPM, | EA | | | County |
| DECIGNATION OF TRANS | CROPTED OF O | EE - A NID NIA TELE | | | | | |
| DESIGNATION OF TRANS THE OF Authorized Transporter of Oil | or Conden | | Address (Give address to wh | ich approved | copy of this form | is to be sen | ·) |
| HELL PIPELINE CORPORATION | | | P.O. BOX 2648. HOUSTON, TEXAS 77001 | | | | |
| me of Authorized Transporter of Casing | thead Gas | or Dry Gas | Address (Give address to wh | | | | |
| WARREN PETROLEUM COMP | | <u> </u> | P.O. BOX 1589 | TULSA. | OK 7410 | 2 | |
| vell produces oil or liquids, a location of tanks. | Unit Sec. | Twp. Rgc. | is gas actually connected? | When | 7 | | |
| is production is commingled with that f | from any other lease or | anni siya commineli | ing order number | | | | |
| COMPLETION DATA | | pour, gree command. | | | | | |
| D 1 | Oil Well | Gas Well | New Well Workover | Deepen | Plug Back Sai | ne Res'v | Diff Res'v |
| Designate Type of Completion | | | | | , <u></u> | | <u> </u> |
| ie Spudded | Date Compl. Ready to |) Prod. | Total Depth | | P.B.T.D. | | |
| ations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth Depth Casing Shoe | | | |
| rforstions | | | | | | | |
| TOTALIOUS | | | | | Depth Casing S | hoe | |
| | TUBING | CASING AND | CEMENTING RECOR | <u> </u> | <u>!</u> | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
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| L WELL (Test must be after t | | | be equal to or exceed top all | | | full 24 hou | s.) |
| L WELL (Test must be after s | recovery of total volume | | be equal to or exceed top all Producing Method (Flow, p | | | full 24 hou | s.) |
| IL WELL (Test must be after s | recovery of total volume | | | | | full 24 hour | s.) |
| IL WELL (Test must be after s no First New Oil Run To Tank ongth of Test | Date of Test Tubing Pressure | | Producing Method (Flow, p Casing Pressure | | Choke Size | full 24 hou | 2.) |
| L WELL (Test must be after some first New Oil Run To Tank night of Test | Pecovery of total volume Date of Test | | Producing Method (Flow, p | | nc.) | full 24 hour | s.) |
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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.