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## State of New Mexico Ei - v, Minerals and Natural Resources Departmen

P.O. Drawer DD, Associa, NM 88210

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<del>, , , , , , , , , , , , , , , , , , , </del>	<u>'</u>	O ITA	MOPURI UIL	VIAN NVI	JUNAL GY	<i>4</i> 5					
Openior		<del>_</del>		. — <del></del>		Wall A	PI No.	~			
AMERADA HESS CORPOR	MERADA HESS CORPORATION							3002509884			
	MEN MEA	ያርው <u>የ</u>	2265				_		-		
DRAWER D, MONUMENT, Reason(s) for Filing (Check proper box)		100 8	8265	X Other	(Please expl	-in1		<del></del>	<del></del>		
New Well		Change in	Transporter of:	W VINE	жири	- <b>-</b> - <b>v</b>					
Recompletios 🔲	Oij		Dry Gee	EFFFC	TIVE 11	-01-93					
Change is Operator	Casinghood	Gas 📗	Condensate				·				
I change of operator give name and address of previous operator											
L DESCRIPTION OF WELL	ANDIE	CF				<del></del>					
			Pool Name, Includi	ng Formation		Y=1	of Lease	<del></del>	esse No.		
				NUMENT G/	'SA		e, Federal or Fee B-1167-48				
Location				<u> </u>	<del></del> *	1	<del> </del>				
Unit LotterI	: <u>19</u>	980	Feet From The _S	OUTH_ Line =	und 6	60 F	et From The .	<u>EAST</u>	Line		
Section 20 Towns	him 100										
Section 20 Towns	hip 195	<u>,</u>	Range 37	L , NMI	M,	LEA		<del> </del>	County		
Ш. DESIGNATION OF TRA	NSPORTEI	<u> OF</u> OI	L AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	L XI EO	pri Control	ey Pineline LF	Address (Give a							
EQTT OIL PIPELINE COMPANY / Effective 4-1-94 //				P.O. BO	X 4666.	_HOUSTO	N. TEXAS	77210	-4666		
Name of Authorized Transporter of Casi WARREN_PETROLEUM_COM								copy of this form is to be sent)			
If well produces oil or liquids,		Sec.	Twp. Rge.	is gas actually		, TULSA, When	OK 741	UZ			
rive location of tanks.	B	20	195 37E			i muse	•				
I this production is commingled with the	st from any other	r lease or p	pool, give commings	ing order number	r						
V. COMPLETION DATA		lo:: =:	<del></del>	· · · · · ·		·	Y				
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Data Spudded	Date Compl	L Ready to	Prod.	Total Depth	Total Depth			I			
Barrier and the second							P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			rmatios	Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Performations											
							Depth Casin	g Shoe			
	TUBING, CASING AND				G RECOR	<u></u>	<u> </u>				
HOLE SIZE					DEPTH SET		1	SACKS CEMENT			
	<del></del>			<del> </del>							
V. TEST DATA AND REQUE				1			L				
OIL WELL (Test must be after	recovery of lot	ial volume d	of load oil and muss	be equal to or es	sceed top all	owable for thi	s depth or be	for full 24 hou	es.)		
Date First New Oil Rus To Tank	Date of Test	1		Producing Meth	rod (Flow, p	urry, gas lift,	etc.)				
Length of Test	Tubing Pres	f :fe		Casing Pressure			Choke Size				
					-		CHOKE SIZE				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.			Gas- MCF				
O 4 6 mm -				<u> </u>	·		1	_			
GAS WELL Actual Prod Test - MCF/D					_		<del></del>				
rios tos mcr/U	Length of T	Length of Test			Bbls. Condensate/MMCF			Gravity of Condentate			
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)							
-								Choke Size			
L OPERATOR CERTIFIC	CATE OF	СОМР	LIANCE	1				·	·		
I hereby certify that the rules and rem	ulations of the f	Dil Career		0	IL CO	<b>ISERV</b>	ATION	DIVISIO	ON		
Division have been complied with an is true and complete to the best of my	d that the inform	malina aiva	a above	11					- · •		
( ) = an war u my	2	- ખ્યાદ્યં.		Date /	Approve	d NO/	1 8 19	93			
- June 1											
Signature TEDDY HADVEY	1	7		By	ORIGINA	AL SIGNED	BY JERRY	SEXTON			
TERRY L. HARVEY	<u>\$Ţ</u> ,	AFF AS	SISTANT			na i KICT T	SUPERVISO	R			
10-29-93	(50	05) 39	Title 3-2144	Title_	Assertant.			<u> </u>			
Date			<del>y <u> </u></del>	11							

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.