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ISTRICT II O. Drawer DD, Assesia, NM 88210

Sume or New Mexico nerals and Natural Resources Department Form C-104 Revised 1-1-09 See Instruction

Well AP No.

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>15TRICT III</u> 200 Rio Berson R.A., Assec, NSM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ession							Well	1 <b>V</b> EI	0025124	62		
AMERADA HESS CORPORAT	10N								OOLSILT	<u> </u>		
Mood DRAWER D, MONUMENT, N	IFW MEX	ICO 88	3265								<del></del>	
son(s) for Filing (Check proper box)									RFLOOD	UNII E	FFECTIVE	
w Well		Change is		F. 1	1/1/	92. ORI	DER NO.	` <del>.</del>	R-94		AVEETY #4	
completion	Oil	Ļ	Dry G		CHAN	IGE LEASE	L NAME	& I\	IU. FK.	ויו .D. ויו	AVEETY #4	
age in Operator	Casingher	ed Ges	Conde	acete 📗	10 N	ORTH MO	NUMENI	\(\frac{\text{\tiny{\text{\ti}\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\ \tittt{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\titt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\ti}\tittt{\text{\text{\text{\text{\texi}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\texi}\tex{	72126	DLK. I	3, #10.	
nage of operator give same OR'	/X ENER	GY CO.	, P.O	. BOX 26	300, OK	LAHUMA (	CITY, C	JK	/3120			
											•	
	POOL Name BLK. 13 Well No.   Pool Name, Inchu				ine Formation Kind of				Lease No.			
					ONUMENT G/SA S			ate, Finderal or Fee				
NORTH MONUMENT G/SA	JNII	1 10		ONICE IN	MOHENT	47 571						
cation	. 199	1	F1 A F	rom The	AST		1988	Feel	From The	SC	UTH Line	
Unit Letter	_ :		rea r	TOTAL 1 DE								
Section 35 Towash	ip 19	S	Range	36E	, N	мрм,	LEA				County	
DESIGNATION OF TRAI		ER OF C	IL AI	ND NATU	AAL GAS	adden to	which arms	wed c	one of this fo	rm is to be	seni)	
me of Authorized Transporter of Oil		INE COMPANY				Address (Give address to which approved at 1670 BROADWAY, DENVER						
TEXAS NEW MEXICO PIP me of Authorized Transporter of Casi		TX)	or Dr	y Gas	Address (Gir	ve address to	which appro	rved c	opy of this fo	rm is to be	seri)	
WARREN PETROLEUM COM		ىم		. لــــا		BOX 158						
vell produces oil or liquids,	Unit	Sec.	Twp	Rge.		ly connected?		hen l				
location of tanks.	10	135	1/2		<u> </u>		L_					
nis production is commingled with the	l from any o	ther lease o	r pool, g	ive commingli	ing order num	nber:						
COMPLETION DATA	······································	Oil W	ii I	Gas Well	New Well	Workover	Deepe	en	Plug Back	Same Res's	Diff Res'v	
Designate Type of Completion		. i	i			İ	<u> </u>			<u>i</u>	_i	
te Spudded	Date Cor	mpl. Ready	to Prod.		Total Depth				P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formati					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
									<b>9</b> - 1			
erforntions										Depth Casing Shoe		
		TUBING, CASING AND C				CEMENTING RECORD						
HOLE SIZE	<u>c</u>	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
<del></del>	_				<del> </del>	<del></del>			ļ			
				<del></del>	<del>}</del> -	<del></del>			<b> </b>			
				<del></del>	·}	<del></del>						
. TEST DATA AND REQU	EST FOR	ALLO	WABL	Ē	<del></del>		<del></del>		l	<del></del>		
IL WELL (Test must be afte	r recovery a	f total volu	ne of loc	ed oil and mus	t be equal to	or exceed top	allowable f	or this	depth or be	for full 24	hours.)	
ite First New Oil Run To Tank	Date of					Method (Flow				<u> </u>		
ength of Test	Tubing	Tubing Pressure				Casing Pressure				Choke Size		
ctual Prod. During Test	Oil - Bi	Oil - Bbis.				Water - Bbis.				Gas- MCF		
•												
SAS WELL	<del></del>		·	<del> </del>	<del></del>				<u> </u>		· · · · .	
ctual Prod. Test - MCF/D	Length	of Test		<del></del>	Bbls. Cond	ensate/MMC	:		ारास्त्रास्य हर	C		
						Dois. Concension MUNICE				Gravity of Condensate		
eting Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIF	CATE (	OF CON	APLI/	ANCE	1							
I hereby certify that the rules and re	endations of	the Oil Co.		_	11	OIL CO	DNSE	RV.	<b>ATION</b>	DIVIS	ION	
Division have been compiled with a is true and complete to the best of a	ed that the in	mormation	given ab	ove								
	777	91190 DUM	·/ \	1	Da	te Appro	ved		•	JAN 0	92	
KIXV	15/	<i>i</i> .	(	1				·				
Signature			IAIT	<del> </del>	II Ru	001011	dal mes					
ROBERT L. WILLIAMS. JR. SUPERINTENDENT						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 1/1/92			Tid	le	T:A	le_	ואוכוע.	15	JYERVISO	K		
1/1/92 Date				-2144	11 '''	ı <b>q</b>						
			Telepho	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.