District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back

PO Drawer DD, Artesia, NM 88211-0719 District III

5 Copies

OIL CONSERVATION DIVISION Submit to Appropriate District Office PO Box 2088 Santa Fe, NM 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address AMERADA HESS CORPORATION DRAWER D 000495 MONUMENT, NEW MEXICO 88265

AMENDED REPORT Reason for Filing Code
TO CORRECT C-104 CG API Number FILED 12-20-93 Pool Name 30 - 025 - 12470 Pool Code EUNICE MONUMENT G/SA Property Code <u>47020</u> Property Name Well Number 000148 NORTH MONUMENT G/SA UNIT BLK. 14 10 Surface Location Ul or lot no. Section Township Range Lot.ldn Feet from the North/South Line Feet from the East/West En County 36 19S 36E 1980 SOUTH 11 Bottom Hole Location 660 WEST LEA UL or lot no. Section Township Lot Ida Feet from the North/South line Feet from the Fast/West Ene County 12 Lee Code 13 Producing Method Code 4 Gas Connection Date 15 C-129 Permit Number " C-129 Effective Date " C-129 Expiration Date III. Oil and Gas Transporters 19 Transporter Name " POD OGRID 31 O/G and Address " POD ULSTR Location and Description 24650 WARREN PETROLEUM COMPANY UNIT M, SEC. 36, T-19S, R-36E P.O. BOX 1589 G GAS SOLD TO WARREN PET. TULSA, OKLAHOMA <u>74102</u> THROUGH THEIR SALES METER #2.

EoH Ul Pipeli Produced Water

POD M POD ULSTR Location and Description Well Completion Data Spud Date

" Ready Date מד יי * PBTD 2 Perforations " Hole Size " Casing & Tubing Size 12 Depth Set ³⁰ Sacks Cement VI. Well Test Data 14 4 Date New Oil

M Gas Delivery Date * Test Date " Test Length M The. Pressure " Cag. Pressure " Choke Size 4 OI 4 Water 4 Con " AOF " Test Method a I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my Signature: Approved by:

OIL CONSERVATION DIVISION DISTRICT I SUPERVISOR

Title

U) bule (Printed name: WHEELER, JR

Title: SUPV. ADM.

Approval Date: MAR 2 9 1994

Date: 3-25-94 Phone: (505) 393-2144

" If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box. 3.
- 4. The API number of this well
- The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10
- 11 The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Manaia 12. FSPJ Ň Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas 21.

- T's ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 3**9**. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

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