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State of New Mexico E .gy, Minerals and Natural Resources Departm.

DISTRICT II 20. Degree DD, Astocia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No. 3002512470 AMERADA HESS CORPORATION DRAWER D, MONUMENT, NEW MEXICO 88265 Other (Please explain) EW WATERFLOOD UNIT EFFECTIVE Reseas(s) for Filing (Check proper box) R-9494 1/1/92. ORDER NO. Change in Transporter of: New Well Dry Gas ALSO, CHANGE NAME FR. STATE F #2 TO Recompletion Oil NORTH MONUMENT G/SA UNIT BLK. 14, #12 Casingheed Gas Condensate Change in Operator nage of operator give same address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation BLK. 14 State, Federal or Fee EUNICE MONUMENT G/SA B-869-2 NORTH MONUMENT G/SA UNIT 12 Location : 1980 Feet From The SOUTH Line and 660 Feet From The WEST , NMPM, LEA Range 36E County Section 36 Township 19S TII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil King of Condensate In Address (Given Address (Give address to which approved copy of this form is to be sent) SHELL PIPELINE CORPORATION P.O. BOX 2648, HOUSTON, TEXAS 77001 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas P.O. BOX 1589, TULSA, OK 74102 WARREN PETROLEUM COMPANY If well produces oil or liquids, give location of tanks. Unit Twp Rge 198 36E Rge. is gas actually connected? When ? G 136 If this production is eccumingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Cas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **SACKS CEMENT DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Bbis. Water - Bbla. GIT MCF **GAS WELL** ctual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been compiled with and that the information given above in true and complete to the best of my knowledge and belief. Date Approved Signature ROBERT L. WILLIAMS, JR. By_ UNIT SUPERINTENDENT

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

1/1/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

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

Title

505-393-2144

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.