SUPV. ADM. SVC

Previous Operator Signature

Phone: (505)

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

393-2144

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

5 Copies

District 1 PO Box 1980, Hobbs, NM \$8241-1980 State of New Mexico Energy, Minerals & Natural Resources Department District II PO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION District III Submit to Appropriate District Office PO Box 2088 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, NM 87504-2088 District IV PO Box 2088, Santa Fe, NM \$7504-2088 ☐ AMENDED REPORT REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT I. Operator name and Address OGRID Number AMERADA HESS CORPORATION DRAWER D 000495 MONUMENT, NEW MEXICO 88265 Reason for Filing Code
TO CORRECT C104 FILED 12-20-93 API Number Pool Name 30 - 0 25 - 12471 Pool Code EUNICE MONUMENT G/SA Property Code 47020 Property Name 000148 ' Well Number NORTH MONUMENT G/SA UNIT BLK. 14 10 Surface Location Ul or lot po. Section Township Range Lot.Idn Feet from the North/South Line | Feet from the East/West line County 36 198 36E 1980 11 Bottom Hole Location **SOUTH** 1980 WEST LEA UL or lot no. Section Township Range Lot Ida Feet from the North/South line Feet from the Fast/West fine County 13 Producing Method Code 4 Gas Connection Date is C-129 Permit Number " C-129 Effective Date " C-129 Expiration Date III. Oil and Gas Transporters Transporter OGRID 19 Transporter Name " POD 31 O/G " POD ULSTR Location and Address and Description WARREN PETROLEUM COMPANY 24650 UNIT M, SEC. 36, T-19S, R-36E P.O. BOX 1589 G GAS SOLD TO WARREN PET. TULSA, OKLAHOMA 74102 THROUGH THEIR SALES METER #2 Produced Water POD M POD ULSTR Location and Description Well Completion Data Spud Date 14 Ready Date " TD " PBTD " Perforations " Hole Size 31 Casing & Tubing Size n Depth Set n Sacks Cement VI. Well Test Data Date New Oil " Gas Delivery Date * Test Date " Test Length " The. Pressure " Cag. Pressure " Choke Size 4 OI Water Gas " AOF " Test Method 46 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 OIL CONSERVATION PLYSTON Signature: Approved by: DISTRICT | SUPERVISOR Printed name: R.L . WHEELER, JR Title: Title:

MAR 2 9 1994

Title

Date

Approval Date:

Printed Name

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 filed 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 filling 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
- 5. 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 Navajo
 U Ute Mountain Ute
 Other Indian Tribe 12
- 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. gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number-
- 19. Name and address of the transporter of the product
- 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' e 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33 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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. 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
- 45. The method used to test the well: F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.

- 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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