1900, Howar, NSM 88240

State of New Mexico Er , Minerals and Natural Resources Department

CT.II Irwer DD, Associa, 104 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT	1			
1000 No Be	ios RA.	Assec	M	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No. AMERADA HESS CORPORATION 3002512472 Address DRAWER D, MONUMENT, NEW MEXICO 88265 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: ∐ Dry Gas EFFECTIVE 11-01-93. Recompletion Casinghood Gas
Condensate \Box Change in Operator If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Lease Name Kind of Lease BLK. 14 State, Federal or Fee B-869-2 NORTH MONUMENT G/SA UNIT 14 EUNICE MONUMENT G/SA Location WEST . Feet From The SOUTH Line and 1980 660 Unit Letter __ Feet From The Section 36 Township 198 Range 36E NMPM. LEA County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Authorized Transporter of Oil
EOTT OIL PIPELINE COMPANY or Condensate Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOUSTON, TEXAS 77210-4666 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Cas ____ WARREN PETROLEUM COMPANY P.O. BOX 1589, TULSA, OK 74102 If well produces oil or liquids, give location of tanks. When? Twp Rge. Is gas actually connected? 36 19S | 36E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Doepes Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. PRTD Elevations (DF, RKB, RT, GR, etc.) Top Oil/Cas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET SACKS CEMENT** . 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 Rus 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 - Abla Water - Bbls Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensus Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I heraby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above NOV 19 1993 is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY JERRY SEXTON By_ Signature DISTRICT I SUPERVISOR TERRY L HARVEY

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

(505)

Printed Name

Date

11-02-93

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.

ASSISTANT

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.