State of New Mexico Pnergy, Minerals and Natural Resources Depart

DISTRICT B CO. Drewer DD, Astoda, 10M 88210

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

| 1000 Rio Brisos Rd., Astec, NM 87410 | PERMIT OF THEM IS |
|--------------------------------------|--------------------|
| 1000 NO BIESCE KE, ASSC, NIM \$7410 | REQUEST FOR ALLOWA |

| L. | REQU | EST FO |)R AL NSP(| LOWAE | SLE AND A | UTHORI | ZATION | | | | | |
|---|-----------------------------|---------------------------|---------------|---------------------------------------|---------------------------|----------------|----------------|----------------------------------|---------------------------------------|--|--|--|
| Operator | TO TRANSPORT OIL | | | | AND NATURAL GAS | | | | | | | |
| Amerada Hess Corporat | da Hess Corporation | | | | | 3002512478 | | | | | | |
| Drawer D, Monument, N | ew Mexi | co 88 | 265 | | | | | | | | | |
| Resson(s) for Filing (Check proper hox) | | | | | X Other | (Please expl | ain) | | · · · · · · · · · · · · · · · · · · · | | | |
| New Well | I | Change in | | | Effe | ctive 12 | 2-15-93 | WELL SHU | JT IN. | | | |
| Recompletion Change in Operator | Oi | | Dry Ge | | Texa | co Mete | ^ No. 11 | 0213208. | | | | |
| If change of countries give name | Casingheed | Ges [X] | Conde | imte 📗 | | | | | | | | |
| If change of operator give name and address of previous operator | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | SE | | | | | | | ··· | | | |
| | 14 | Well No. | | | ng Formation | | Kind | of Lease | 14 | am No. | | |
| North Monument G/SA Un Location | nit | 32 | E | unice M | lonument (| G/SA | State, | KXXXXXX | | 543-1 | | |
| Unit Latter P | .: | 660 | Pect Pr | rom The | OUTH Line | and | 60 F | et From The | EAS | ST Line | | |
| Section 36 Township | 199 | r | Range | 36E | | TPM. | | Lea | | County | | |
| III. DESIGNATION OF TRAN | SPORTE | R OF O | I, AN | ID NATE | DAI CAO | | | | | | | |
| Legitim of Vindiograph (Listaboust of Of) | r∀ ~ | or Conden | mile. | | Address (Giw | address to w | hich annumed | come of this is | orm is so be se | | | |
| EOTT Oil Pipeline Con | npany | ····· | | <u>لــا</u> | JP.0 | • Box 46 | 666, Hou | ston, Te | xas 772 | 210-4666 | | |
| Name of Authorized Transporter of Casing Texaco E & P, Inc. | thead Gas | \Box | or Dry | Ces 🗀 | Address (Give | address to w | hich approved | copy of this form is to be sent) | | | | |
| If well produces oil or liquids. | Unit | Sec. | Twp. | - | P.U. | • Box 30 | 100, Tul | sa, OK | 74102 | | | |
| give location of tasks. | Α | 36 | 198 | 1 36E | ls gas actually | | Whea | 7 | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from say other | or lease or | pool, gi | ve comming | ling order aumb | er | | | | | | |
| Designate Type of Completion | | Oil Well | i | Cas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded | Date Comp | i. Ready to | Prod. | | Total Depth | | .l | P.B.T.D. | L | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of B | ndudaa Ea | | | Te- Oliver | | | <u> </u> | | | | |
| Perforations | Name of Producing Formation | | | Top Oil/Gas Pay | | | ' | Tubing Depth | | | | |
| | | | | | | | | Depth Casi | og Shoe | | | |
| | T | UBING, | CASI | NG AND | CEMENTIN | NO RECOR | <u> </u> | | | | | |
| HOLE SIZE | CAS | UT & DAK | BING | SIZE | DEPTH SET | | | T | SACKS CEMENT | | | |
| | | | | | | | | GAONG GEMENT | | | | |
| | | | | | | | | | | | | |
| | 1 | | - | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | J | | | 1 | | | | |
| OIL WELL (Test must be after to Date First New Oil Run To Tank | tcovery of los | tal volume | of load | oil and must | be equal to or | exceed top al | lowable for th | is depth or be | for full 24 hou | rz.) | | |
| | Date of Tes | | | | Producing Me | shod (Flow, p | ump, gas lift, | eic.) | | | | |
| Length of Test | Tubing Pres | LELITO | | | Casing Pressu | re | | Choke Size | | | | |
| Actual Prod. During Test | | | | | | | | AND AITS | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Oil - Bbls. | | | Water - Bbla. | Water - Bbla | | | Gu- MCF | | | | |
| GAS WELL | | | | · | <u> </u> | | | .1 | | · - · · · · · · · · · · · · · · | | |
| Actual Prod. Test - MCF/D | Length of | cat | | | Bbls. Conden | esta A A I Pre | | TA | | | | |
| | | | | | Sola Condett | -Eminici | | Unavity of | Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| VI. OPERATOR CERTIFIC | ATE OF | COMP | LIA | NCE | 1 | | | | | | | |
| I hereby certify that the rules and regul Division have been compiled with and | reference and the co | A | | | | DIL CO | NSERV | ATION | DIVISIO | N | | |
| is true and complete to the best of my ! | mer are rated | metion give id belief, | es abov | • | | | ed DEC | | | · - | | |
| Kl Whale G. | | | · | | By_ | | | | | | | |
| R.L. Wheeler Jr. | Supv. | Admin | | с. | - | | U SIGNED | | | | | |
| 12-20-93 | ı | 505-39 | Title 3-21. | —— . A1 | Title | | | | | | | |
| Date | | | phone ! | | | | | | | | | |
| | | | | | | | | | | | | |

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.