

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amerada Hess Corporation Well API No. 3002520226
Address Drawer D, Monument, New Mexico 88265
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) Change well number from North Monument G/SA Unit Blk. 3, well No. 29
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☐
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE
Lease Name Blk. 3 North Monument G/SA Unit Well No. 13 Pool Name, Including Formation Eunice Monument G/SA Kind of Lease State, Federal or Fee Lease No. B-2656
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line
Section 17 Township 19S Range 37E , NMPL Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) 1670 Broadway, Denver CO 80202
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit ☒ Sec. 17 Twp. 19S Rge. 37E Is gas actually connected? When ?
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 - Bbls. Water - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature Robert L. Williams, Jr Unit Superintendent
Printed Name 1/30/92 505-393-2144
Date Title Telephone No.

OIL CONSERVATION DIVISION
Date Approved FEB 05 '92
By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
Title

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 with Rule 111.
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.