Appropriate District Office DISTRICT I P.O. Box 1980, Hobba, NM 88240

## State of New Mexico Er y, Minerals and Natural Resources Departmen'

DISTRICT S. P.O. Drawer DD, Assada, NM 88210

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

DISTRICT III 1000 Rio Brisco Rd., Asiec, NSM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		J 11 D W	101 0	THE OIL	ואו טווח	OI INE CA	Nat X	BI VI			
	TION						T ea A		050400		
AMERADA HESS CORPORA	VITON	<del></del> .						300	<u> 2524094</u>		
	NEW MEYT	ורח ח	20255								
Reason(s) for Filing (Check proper hox)	NEW MEXI	LUU 8	88265		X Othe	t (Please expla	ial				
New Well	a	bango in '	Trassport	er of:		. , <del></del>	-7				
Recompletion	OU Dry Ges D EFFECTIVE 11-01-93.										
Change in Operator	Casinghood (	G <b>as</b> □	Condens	<b>—</b>							
If change of operator give name and address of previous operator											
LASSE Name RIK			Da al Ma		- F		1 2	<del> </del>			
BEIN. 11							Lease Lease No.  Federal or Fee B-1626-1				
Location	ONII I		LUN	ITCL FIL	JNONLINI	U/ JA					
Unit Lotter H	_ :_ 99	90	Foot Prov	n The	EAST Lin	and165	0 =	t From The _	NORTH	Line	
							<u> </u>	A I TOTAL TIRE _			
Section 36 Township	195	5	Range	361	, 10	ирм,	L	EA		County	
III DECICNATION OF TRAN	CDADTED	OF O	I A NIP	. <b>3.1</b> A 7578 11	D.I. G.C						
III. DESIGNATION OF TRAN. Name of Authorized Transporter of Oil		r Condea		TIALUI		e address to wi	tich approved	copy of this fo	rm is to he se	nt)	
EOTT OIL PIPELINE CO			ι		i	OX 4666,					
Name of Authorized Transporter of Casing	-		or Dry C	las 🔲	Address (Giv	e address to wi	hich approved	copy of this fo	rm is so be so	int)	
WARREN PETROLEUM COM	* Y -		<del></del>	·		OX 1589,			)2		
If well produces oil or liquids, give location of tanks.	Undit  S  A	<b>∞∟</b> 36	198	<b>Rge.</b> 36E	la gas actually	y connected?	Whea	7			
If this production is commingled with that (					ine order sum		l				
IV. COMPLETION DATA			,		ing order many	· · · · · · · · · · · · · · · · · · ·	<del></del>				
Designate Trans of Completion		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Designate Type of Completion	<u>,</u>				<u> </u>	l	<u>i                                     </u>		Ĺ	i.	
Date Spudded	Date Compt.	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro-	ducine E-	emetica	· · · · · · · · · · · · · · · · · · ·	Top Oil/Cas	Pav					
						· <del>- ,</del>		Tubing Depth			
Perforations					L			Depth Casing Shoe			
									-		
	TUBING, CASING AND				CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	<del> </del>			-	<del> </del>			ļ			
	·			<del></del>				<del> </del>			
	1				<del> </del>						
V. TEST DATA AND REQUES					<del></del>			<u> </u>			
OIL WELL (Test must be after r Date First New Oil Rue To Tank	ecovery of loto	d volume	of load or	il and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 ho	ers.)	
	Date of Test	Date of lest				ethod (Flow, p	ump, gas lift, e	ric.)			
Length of Test	Tubing Press	rire			Casing Press	ure		Choke Size			
		•									
Actual Prod. During Test	Oil - Bbls.			Water - Bbla			Gas- MCF				
0.40 5750.5	1			·-··				<u></u>			
GAS WELL Actual Prod. Test - MCF/D	in teach reserv	· <del>-</del>		·	•						
AND THE PARTY MICE/D	Length of Te	est			Bbls. Conder	ME MMCF		वित्रणांपु वर	conden cate		
Testing Method (pilot, back pr.)	Tubing Press	lubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size		
				weeking a resource (ORIGE-III)			CHOICE SIZE				
VL OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CF	<u> </u>			<u> </u>			
I bereby certify that the rules and result	Minns of the O	17 Canana			(	OIL COI	<b>NSERV</b>	ATION	DIVISI	NC	
Division have been complied with and is true and complete to the best of my i	that the inform	ntion give	en above		11					· •	
C and other or (iii)	L L	ज्यादा.			Date	Approve	ed <u>KOV</u>	<u>19</u> 193	3_		
- Laxacid X	1/-	. 1									
Signature	17-0	7	<del>*                                    </del>	<del></del>	By_	 	NAL SIGN	D BY JERR	Y SEXTO	N	
TERRY L. HARVEY	STA	FÉ AS		NT			PER RICT	I SUPERVI	OR		
11-01-93	(50	5) 30	Title 3-214	Л	Title						
Date	130		phone No								

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.