

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

<b>I. Operator</b> Amerada Hess Corporation		Well API No. 30-025-24423
<b>Address</b> Drawer D, Monument, New Mexico 88265		
<b>Reason(s) for Filing (Check proper box)</b> New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name State "T"	Well No. 8	Pool Name, Including Formation Eumont Yates 7RQ	Kind of Lease <u>State</u> Federal or Fee	Lease No. B 1431
<b>Location</b> Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>19S</u> Range <u>36E</u> , NMPM, Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Northern Natural Gas Company		2223 Dodge Street, Omaha, Nebraska 68102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.
			Rgs.
Is gas actually connected?		When ?	
yes		1:00 PM 10/1/92	

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
		X		X		X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
			4100'		3817'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3667' GL	Eumont Yates 7RQ		3488'					
Perforations					Depth Casing Shoe			
3488' - 3598'								
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		1148'		Previously Ran			
8-3/4"	7"		3700'		Previously Ran			
	5" Liner		3611'-4100'		Previously Ran			
	2-3/8"		3441'					

**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.)	
	10/2/92		
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
784	24 hrs.	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	115#	115#	3/4"

**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 R. L. Wheeler, Jr. Supv. Adm. Svc.  
Printed Name R. L. Wheeler, Jr. Title  
Date 10/5/92 Telephone No. 505-393-2144

**OIL CONSERVATION DIVISION**

Date Approved OCT 06 '92  
By Paul Kautz Signed by  
Geologist  
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.

RECEIVED

OCT 08 1992

OLD ROBBE STATION