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

## State of New Mexico E. Jy, Minerals and Natural Resources Departme.

C-1 4 1.1.91 +

## **OIL CONSERVATION DIVISION**

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

## DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

| <b>REQUEST FOR</b> | ALLOWABLE   | AND AUTH        | ORIZATION |
|--------------------|-------------|-----------------|-----------|
| TO TRANS           | PORT OIL AN | <b>D NATURA</b> | LGAS      |

| L.<br>Operator  | ·                | IO IRA                      | INSP                      | OHIOIL                    | AND NA                            | URAL GA                                |   | PI No              |                          |            |  |
|---|------------------|-----------------------------|---------------------------|---------------------------|-----------------------------------|--|---|--------------------|--------------------------|------------|--|
| Amerada Hess Corporat   | ion              |                             |                           |                           | <b>Well API No.</b><br>3002526214 |  |   |                    |                          |            |  |
| Address   |                  |                             |                           |                           |                                   |  |   |                    |                          |            |  |
| Drawer D, Monument, N   |                  | o 88                        | 265                       |                           |                                   |  |   |                    |                          |            |  |
| Reasco(s) for Filing (Check proper box)<br>New Wall   | ł                | Change in                   | Tasa                      | anter of:                 |                                   | A (Please expla                        |   |                    |                          |            |  |
| Recompletion  | Oil              |                             | Dry G                     |                           |                                   | North Mo<br>No. 25                     | nument (                                      | a/SA Uni           | t BIK. 5                 | , Well     |  |
| Change in Operator  | Casinghos        | 4 Gas 🗍                     | Conde                     |                           | 1                                 | NU. 25                                 |   |                    |                          |            |  |
| If change of operator give same<br>and address of previous operator   |                  |                             |                           |                           |                                   |  |   |                    |                          |            |  |
|   |                  |                             |                           |                           |                                   |  |   |                    |                          |            |  |
| II. DESCRIPTION OF WELL<br>Lease Name B1k. 5  | L AND LE         | Nell No.                    | Pool I                    | Jame Includi              | ne Formation                      |  |   | of Lesse           |                          | ease No.   |  |
| North Monument G/SA U   | nit              |                             |                           |                           |                                   |  |   |                    | Federal or Fee B-1167-18 |            |  |
| Unit Letter I   | 23               | 07                          | _ Feet F                  | rom The                   | South Lim                         | and9                                   | <u>90                                    </u> | et From The .      | East                     | Line       |  |
| Section 19 Town   | <b>hip</b> 19    | S                           | Range                     | <u>37E</u>                | , NI                              | MPM,                                   |   |                    | Lea                      | County     |  |
| III. DESIGNATION OF TRA   |                  |                             |                           | ND NATU                   |                                   |  |   |                    |                          |            |  |
| Name of Authorized Transporter of Oil<br>Shell Pipeline Compon  |                  | or Condea                   | Istio                     |                           | 1                                 | e address to wi                        | ••  |                    |                          | ent)       |  |
| Shell Pipeline Corpor<br>Name of Authorized Transporter of Cas  |                  |                             |                           |                           |                                   | ox 2648,<br>address to wi              | Houstor                                       |                    | /7001                    | ent)       |  |
| Warren Petroleum Comp   | -                | لمت                         |                           | ,                         |                                   | ox 1589.                               |   |                    |                          |            |  |
| If well produces oil or liquids,<br>give location of tanks.   | Unit             | Sec.                        | Twp.                      | Rge.                      | is gas actually                   |  | When  |                    | 1.04                     |            |  |
|   |                  | L                           | L                         | <u> </u>                  | <u> </u>                          |  |   |                    |                          |            |  |
| If this production is commingled with th<br>IV. COMPLETION DATA   | a nom any ou     | ict jease or                | pool, g                   | ive comming               | ing order numi                    | ber:                                   |   |                    |                          |            |  |
| Designate Type of Completio   | n - (X)          | Oil Well                    |                           | Gas Well                  | New Well                          | Workover                               | Deepen  | Plug Back          | Same Res'v               | Diff Res'v |  |
| Date Spudded  |                  | pl. Ready to                | Prod.                     | <u> </u>                  | Total Depth                       | l <u></u>                              | I   | P.B.T.D.           | <b>I</b>                 | _I         |  |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of P        | Name of Producing Formation |                           |                           | Top Oil/Gas Pay                   |  |   | Tubing Dep         | Tubing Depth             |            |  |
| Perforations  |                  |                             |                           |                           | L                                 |  |   |                    |                          |            |  |
|   |                  |                             |                           |                           |                                   |  |   | Depth Casir        | ng Shoe                  |            |  |
|   | ī                | UBING.                      | CAS                       | ING AND                   | CEMENTI                           | NG RECOR                               | D   |                    |                          |            |  |
| HOLE SIZE   |                  | SING & TI                   |                           |                           | DEPTH SET                         |  | SACKS CEMENT                                  |                    |                          |            |  |
|   |                  |                             |                           |                           |                                   |  |   |                    |                          |            |  |
|   |                  |                             |                           |                           |                                   |  |   |                    |                          |            |  |
|   |                  |                             | <u> </u>                  |                           | <u> </u>                          |  |   |                    |                          | <u></u>    |  |
| V. TEST DATA AND REQU   |                  |                             |                           |                           | <b>I</b>                          |  |   |                    | ••••                     |            |  |
| OIL WELL (Test must be afte<br>Date First New Oil Rus To Tank   | r recovery of to | xal volume                  | of load                   | oil and must              | be equal to or                    | exceed top all                         | owable for th                                 | is depth or be     | for full 24 hou          | ers.)      |  |
| Date First Ivew Oil Rus 10 181K   | Date of Te       | a.                          |                           |                           | Producing Me                      | ethod (Flow, p                         | emp, gas lift,                                | etc.)              |                          |            |  |
| Length of Test  | Tubing Pro       | Tubing Pressure             |                           |                           | Casing Press                      | ITE                                    |   | Choke Size         |                          |            |  |
| Actual Prod. During Test  | Oil - Bbls.      | Oil - Bbls.                 |                           | Water - Bbls.             |                                   |  | Gas- MCF                                      |                    |                          |            |  |
| GAS WELL  |                  |                             |                           |                           | L                                 |  |   | <u> </u>           | •••••••••••              |            |  |
| Actual Prod. Test - MCF/D   | Length of        | Test                        |                           |                           | Bols. Conden                      | HIE/MMCF                               |   | Gravity of         | Condenzata               |            |  |
|   |                  |                             |                           |                           | Otavity of Contenting             |  |   |                    |                          |            |  |
| Testing Method (pilot, back pr.)  | Tubing Pre       | Tubing Pressure (Shut-in)   |                           | Casing Pressure (Shut-in) |                                   | ······································ | Choke Size                                    |                    |                          |            |  |
| VI. OPERATOR CERTIFI  | CATE OF          | COMF                        | PLIA                      | NCE                       | 1                                 |  |   | <u> </u>           |                          |            |  |
| I hereby certify that the rules and regulations of the Oil Comparation  |                  |                             | OIL CONSERVATION DIVISION |                           |                                   |  |   |                    |                          |            |  |
| Division have been complied with and that the information given above<br>is true and complete to the best of my knowledge and belief. |                  |                             |                           |                           |                                   |  |   |                    |                          |            |  |
|   |                  |                             |                           |                           | Date                              | Approve                                | d   | FEB                | <b>0 4 '</b> 92          |            |  |
| the st  | LEX.             | $\leq 1$                    | •                         |                           |                                   |  |   |                    |                          |            |  |
| Signature<br>Robert L. Williams,  | .In Ilni         | + 5                         |                           |                           | By_                               | <u>GRIGENA:</u><br>DE                  | JONSD (                                       | <u>n hear</u> an a | NOTE                     |            |  |
| Printed Name  |                  | <u>c supe</u>               | Tille                     | <u>endent</u>             | 11                                |  |   |                    |                          |            |  |
| 1/30/92   | 505              | -393-2                      | 144                       |                           | Title                             |  |   |                    |                          |            |  |
|   |                  | Tele                        | ephone                    | No.                       | 11                                |  |   |                    |                          |            |  |

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.