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| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4/3/81
UNLESS AN EXCEPTION TO RULE 1104
IS OBTAINED.**

I. Operator
Amerada Hess Corporation
Address
Drawer "D", Monument, New Mexico 88265
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CHANGE
POOL THIS OFFICE 5-1-81

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------|
| Lease Name Monument Abo Unit | Well No. 1 | Pool Name, including Formation Monument Abo R-6657 | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter C ; 800 Feet From The North Line and 1750 Feet From The West Line of Section 2 Township 20S Range 36E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|-----------|-------------|-------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Oil Transportation Co., Inc. | Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company | Address (Give address to which approved copy of this form is to be sent) 2811 Durant, Midland, Texas 79701 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 2 | Twp. 20S | Rge. 36E | Is gas actually connected? No | 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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 10-29-80 | Date Compl. Ready to Prod. 2-8-81 | | Total Depth 7979' | | P.B.T.D. 7750' | | | |
| Elevations (DF, RKB, RT, CR, etc.) 3598'GL 3613'RKB | Name of Producing Formation Monument Abo | | Top Oil/Gas Pay 7283' | | Tubing Depth 7229' | | | |
| Perforations 2 SPF @ following intervals: 7520', 7576', 7584', 7598', 7283', 7333', 7364', 7374', 7378', 7435', 7572', 7579', 7590', 7603', TUBING, CASING, AND CEMENTING RECORD 7625', 7629' | | | | | Depth Casing Shoe 7730' | | | |
| HOLE SIZE 17 1/2" | CASING & TUBING SIZE 13 3/8" | | DEPTH SET 470' | | SACKS CEMENT 500 sx. | | | |
| 12 1/4" | 8 5/8" | | 4380' * | | 2150 sx. | | | |
| 7 7/8" | 5 1/2" | | 7730' | | 675 sx. | | | |
| | 2 7/8" | | 7229' | | *Refer to C-103 attached. | | | |

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 Tanks 2-3-81 | Date of Test 2-8-81 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 Hrs. | Tubing Pressure 450# | Casing Pressure 0 | Choke Size 15/64 |
| Actual Prod. During Test 230 | Oil-Bbls. 230 | Water-Bbls. 13 | Gas-MCF 188 MCFPD |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. B. Fisher
(Signature)
Supv. Adm. Ser.
(Title)
2-17-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry L. Lohr
TITLE SECRETARY

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply