Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E.... by, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						TOTIAL G		A BI NO				
Amerada Hess Corporation						Well API No. 3002529771						
Address							1 300	72323771				
Drawer D, Monument, Ne	w Mexico	0 88	265									
Reason(s) for Filing (Check proper box) New Well		_			X	Other (Please expl	ain) Cha	inge wel	1 number	from		
Recompletion	5 "	Change in				North Monu	ment G/S	SA Unit	B1k. 4.	Well		
Change is Operator	Oil Codo-bas	님	Dry C			No. 25	,		- · · · · · · · · · · · · · · · · · · ·	NCII		
If change of operator give name	Casinghos	G COM	Cond	massie 🗌	 .							
and address of previous operator												
IL DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name Blk. 4	Name Blk. 4 Well No.			o. Pool Name, Including Formation				Kind of Lease No.				
North Monument G/SA Un	9 Eunice Mor						Kind of Lease No. State, Federal or Fee B-3464-2					
Location									10-34	04- <u>/</u>		
Unit LetterI	_ :16	554	. Feet I	rom The	South	Line and	330 🛌	et From The	East	• •		
Section 24 Townsh	i p 199							at Hotel His		Line		
Section 24 Towns	iip 193)	Range	36E		, NMPM,			Lea	County		
UI. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AI	ND NATE	RAL G	48						
. with or versionsen stamboust of Off	- X 1	or Condea	sale		Address (Give address to which approved copy of this form is to be sent)					ent)		
Texas New MExico Pipel Name of Authorized Treasporter of Casis	ine				11670 Broadway, Denver, CO				1202			
Warren Petroleum Compa			or Dr	Gas	Address (Give address to which approve			d copy of this form is to be sent)				
If well produces oil or liquids.	Unit	Sec.	7		<u> 19. 0. Box 1589, Tu</u>		<u>lulsa,</u>	<u>llsa, OK </u>				
ive location of tanks.		24	Тwp. 100	36E	la gas ac	hually connected?	When	7				
this production is commingled with that	from any other	er lease or i	pool. e	ive commine	line order							
V. COMPLETION DATA			,		ing order	aurioer.		 -				
Designate Type of Completion	(V)	Oil Well		Gas Well	New W	ell Workover	Deepen	Plue Back	Same Res'v	Diff Res'v		
Date Spudded		<u> </u>	_L		<u> </u>	İ		i riag paca	Denie Ves A	piii kesv		
	Date Comp	i. Keady io	Prod.		Total De	pth		P.B.T.D.		- -		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducine Eo			Top Oil/Gas Pay		<u>-</u>					
·		oonering to	THEOL	4	TOP CID	Top Oil/Gas Pay		Tubing Depth				
erforations							Depth Casing Shoe					
	· · · · · · · · · · · · · · · · · · ·		_					Septil Casil	ig since			
1101 5 2122	T	UBING,	CASI	NG AND	CEMEN	TING RECOR	D	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
				ļ								
					 							
	 				 			ļ				
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		<u> </u>	·		ļ				
OIL WELL (Test must be after to be after t	recovery of loa	al volume o	of load	oil and must	be equal t	or exceed top allo	nuable for this	denth on he	for full 24 hour	1		
ALE FIRE NEW OIL RUB 10 1ank	Date of Test	ı			Producing	Method (Flow, pu	mp, gas lift, e	ic.)	OF Juli 24 Note	3.)		
ength of Test	Tubing Proc											
	rooms i ies	Tubing Pressure				Casing Pressure			Choke Size			
actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	L							OE MC				
GAS WELL Actual Prod. Test - MCF/D												
riod. 1est - MCF/D	Length of To	est			Bbls. Cor	densate/MMCF		Gravity of C	maden esta			
sting Method (pitot, back pr.)	Tubing Pro-	Tubing Pressure (Shut-in)						John, of C	CHICKSIALE			
	I world Lies	ressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC	ATEOE	CO) m			ļ							
						OII COM	CEDV					
	Photo Cha :- C		auon a abov	•		OIL CON	SEHVA	NOLLE	DIVISIO	N		
is true and complete to the best of my knowledge and belief.					_			EFR	0 5 '92			
	()	}			ll Da	ate Approved	t	11.0	00 02			
Signature		- 				#" \$ #"						
Robert L. Williams.	Jr. Un	it Sun	prin	tendent	Ву				-ZOON			
Printed Name 1/30/92			Title		11							
1/30/92 Date	50	<u>5-393-</u>			Til	le						
		Telep	bone N	lo.	lí				<u> </u>			

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 need in multiply completed malls. 4) Separate Form C-104 must be filed for each pool in multiply completed wells.