

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Amerada Hess Corporation		Well API No. 30-025-31502
Address Drawer D, Monument, New Mexico 88265		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Request test allowable for month of September, 1992 on new well completion of 2,100 bbls. oil.		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input 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 North Monument G/SA Unit	Blk. 17	Well No. 11	Pool Name, including Formation Eunice Monument G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>K</u> : 1980 Feet From The <u>West</u> Line and 1929 Feet From The <u>South</u> Line Section <u>33</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corporation	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When ? 4:00 P.M. 9-19-92
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Deepen	Plug Back	Same Res'v	Diff Res'v
	P.B.T.D.		
	Tubing Depth		
	Depth Casing Shoe		
ID			
SACKS CEMENT			

Chaparral Services will move this test oil from frac tank on location to the (Larson/Love) Unit Btry #66 located ub sec, 32, T19S, R37E and oil will be run by Shell pipeline from that battery.

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

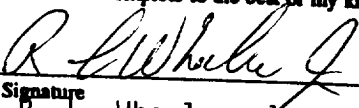
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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  
9-22-92 Title  
Date 505 393-2144  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 28 '92  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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.