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Appropriate District Office Appropriate DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drewer DD, Assesia, NM 88210

State of New Mexico , Minerals and Natural Resources Departmen.

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L. Operator		TO TR	ANSI	PORTO	L AND N	ATURAL C	AS					
		Well			API No.							
AMERADA HESS CORPORATION					-			30-025-31505				
P.O. DRAWER D,	MONUMENT,	NEW ME	XICO	88265	5							
Reason(s) for Filing (Check proper	bax)					ther (Please ex	plain)					
Recompletion	Oil	Change is	Trans									
Change is Operator	Caninghe	ed Gas [CR. MAR.								
change of operator give name nd address or previous operator			·				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
•	TI AND ID			". " -	· · · · · · · · · · · · · · · · · · ·			·				
L DESCRIPTION OF WI	BLK. 11	Well No.	Prof	Name Inch	dina Farmatia			of Lease	-			
NORTH MONUMENT G/SA	UNIT					ONUMENT G/SA			_	Lease No.		
Location			- 		SHOHLIN	u/ J/\			B-6	5114		
Unit Letter B	: <u>15</u>	00	_ Foot 1	From The _	EAST L	ne and12	260 F	eet From The	NORT	HLine		
Section 29 To	waship 19S				-				HOILI	LLLIDE		
			Range			MPM,	LEA			County		
II. DESIGNATION OF TI	RANSPORTE	R OF O	IL A	ND NATU	IRAL GAS							
and a sensormen trembotts of	ראלים איט	or Condex	sale		Address (Gi	we address to w	vhick approve	copy of this f	orm is to be s	rent)		
SHELL PIPELINE CORPORATION Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P.O. BOX 2648, HOUSTON, TEXAS 77001 Address (Give address to which approved copy of this form is to be sent)							
<u>WARREN PETROLEUM</u>	COMPANY	OMPANY				ROX 1580	vhich approved TITLS A	copy of this form is to be sent)				
f well produces oil or liquids, we location of tanks.	Unit	Sec.	Twp. Rge.		P.O. BOX 1589, TUL:			hen ?				
this production is commingled with	that (more easy or h	29	199	37E	<u></u>	YES	<u>i_</u> _	1.	-27-93			
V. COMPLETION DATA	nom any on	EL HORING ON	pool, gr	ve comming	ling order nun	ober:						
Designate Type of Complet	· 00	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	See Barre	<u> </u>		
ate Spudded		<u> </u>	Ļ		X	Ĺ	Dup.	I LINE DUCK	loenie vera	Diff Res'v		
6-23-92	Date Comp	. кежду ю ·27 - 93	Prod.		Total Depth			P.B.T.D.	L			
levations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				5150 Top Oil/Gas Pay			3977'			
3626 GR	3626 GR FUNICE MONUMENT G/SA					3820'			Tubing Depth			
3820' - 3955'					5020			3869 Depth Casing Shoe				
3020 - 3955		IDDIC	<u> </u>									
HOLE SIZE	CAS	TUBING, CASING AND CASING & TUBING SIZE										
26"		20"				DEPTH SET 1357 '			SACKS CEMENT			
17-1/2"		13-3/8"				2650'			2300 SKS CLASS "C"			
12-1/4" 8-3/4"		9-5/8"				3637'			875 SKS CLASS "C" 900 SKS CLASS "C"			
TEST DATA AND REQU	JEST FOR A	7" LINER				5147'			380 SKS CLASS "C"			
L WELL (Test much be of	er recovery of lote	al volume o	AD LUE A load i	2-7/8	" TBG A	T 3869'						
			,	74 472 77437	Producing Me	thod (Flow, p	owable for this	depth or be fo	or full 24 hou	rs.)		
2-11-93		2-21-93				PUMPING		/				
24 Hours	_	Tubing Press:re 45#				ne		Choke Size				
tual Prod. During Test	Oil - Bbls.				Water - Bbis	45#						
	1					42			Gas- MCF 29			
AS WELL				J		T &		29				
mal Prod. Test - MCF/D	Leagth of Te	a t			Bbls. Conden	nie/MMCF		7 ×				
ing Method (pitot, back pr.)		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Gravity of Condensate			
and inverse (page, out a pr.)	Tubing Press								Choke Size			
OPERATOR CERTIF	CATE OF	COL IDI										
DOLLARD A COLUTA BUT THE BUTTON WAY WAY	maladiama ad di . 🖎			CE	ا ر		CEDVA	TION				
			spove	i		IL CON	SEHVA	THON L	VIVISIO	N		
s true and complete to the best of my knowledge and belief.					Date Approved			FEB 2 4 1993				
X 4/11/6. 6	<i>[</i>				Daie	whhio/6	J	LED	₩ 1 100			
Signature					By_	(SDICIL)	l deres	7V (F85V 1	TVTA:			
R. L. Wheeler, Jr.	Supv.	Adm. S	vc.		Uy			BY JERRY S		·		
	505 39		itie		Title			n v 13Uf	•			
2=22=93 Date	303 39		one No	·								
Normal												
INSTRUCTIONS: This fo	um is en he El											

e filed in compliance with Rule 1104

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.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance