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Appropriate District Office
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DISTRICT II
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DISTRICT III
1000 Rio Bruece Rd., Aztec, NM 87410

State of New Mexico
En , Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator AMERADA HESS CORPORATION		Well API No. 30-025-31506
Address P.O. DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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 BLK. 15 NORTH MONUMENT G/SA UNIT	Well No. 10	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>J</u> : <u>1915</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>31</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE CORPORATION	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 <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) P.O. BOX 1589, TULSA, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 31
	Twp. 19S	Rge. 37E
Is gas actually connected?	When ?	
YES	2-12-93	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-20-92	Date Compl. Ready to Prod. 2-12-93		Total Depth 4352'		P.B.T.D. 3812'			
Elevations (DF, RKB, RT, GR, etc.) 3570' GR	Name of Producing Formation GRAYBURG SAN ANDRES		Top Oil/Gas Pay 3779'		Tubing Depth 3790'			
Performances 3779' - 3802'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	460'	500 SX. CLASS "C"
12-1/4"	9-5/8"	3574'	805 SX. "C" & 695 SX. "H"
8-3/4"	7"	4351'	75 SX. "C" LITE&200 SX.
	2-7/8" TBG.	3790'	50:50:2

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.)

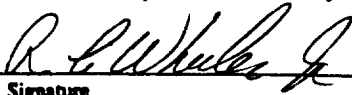
Date First New Oil Rse To Tank 2-12-93	Date of Test 2-21-93	Producing Method (Flow, pump, gas lift, etc.) Pumping.	
Length of Test 24 Hrs.	Tubing Pressure 45#	Casing Pressure 45#	Choke Size
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. 195	Gas- MCF 34

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
2-22-93 505 393-2144
Date
Telephone No.

OIL CONSERVATION DIVISION
FEB 24 1993

Date Approved _____

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.