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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 1-1-99
See Instructions
at Bottom of Page

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

Operator AMERADA HESS CORPORATION		Well API No. 30-025-31586
Address DRAWER D, MONUMENT, NEW MEXICO 88265		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
FLOWLINE LAID FR. WELL TO NMGSAU BATTERY NO. 35		
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. 9	Well No. 19	Pool Name, including Formation EUNICE MONUMENT G/SA	Kind of Lease State, Federal or Fee	Lease No. 8-1961-2
Location Unit Letter C : 1295 Feet From The NORTH Line and 2560 Feet From The WEST Line Section 25 Township 19S 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"/> 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 I	Sec. 25	Twp. 19S	Rge. 36E	Is gas actually connected? YES	When? 2-25-93
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-18-92	Date Compl. Ready to Prod. 2-22-93		Total Depth 4500'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3676 GR Perforations	Name of Producing Formation GRAYBURG SAN ANDRES		Top Oil/Gas Pay 4098'		Tubing Depth 4116'			
4098' - 4116'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	435'	500 SX. "C"
12-1/4"	9-5/8"	3774'	875 SX. "C" & 695 SX. "H"
8-3/4"	7"	4499'	75 SX. "C" LITE & 150
	2-7/8" TBG.	4116'	SX. 50:50

V. TEST DATA AND REQUEST FOR ALLOWABLE

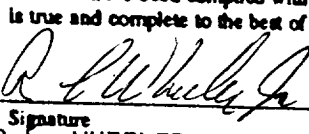
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Rns To Tank 2-25-93	Date of Test 3-2-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure 45#	Casing Pressure 45#	Choke Size
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 114	Gas- MCF 59

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
3-23-93 (505) 393-2144
Date Telephone No.

OIL CONSERVATION DIVISION	
Date Approved MAR 24 1993	
By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 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.

RECEIVED

MAR 23 1993

OCD HOBBS OFFICE