Armit 5 Copies Internation District Office it is THEO, Hobbe, NEM 88240

HSTRICT III 000 Rio Binace Rd., Antec, NM 87410

State of New Mexico -Ene Minerals and Natural Resources Department

32.

**OIL CONSERVATION DIVISION** P.O. Box 2088 Santa Fe, New Mexico 87504-2088

CORRECTED COPY

<b>REQUEST FOR ALLOWABLE AND AUTHORIZATION</b>	I
TO TRANSPORT OIL AND NATURAL GAS	

Operator		10 11	1101						PI No.			
Amerada Hess Corpora	ation								-025-315	586		
dáres			· · · · · · ·	******								
Drawer D, Monument,		Lco 882	265									
leason(s) for Filing (Check proper bas	u)					X Oth	n (Please expla	in) To co	orrect C	C-104 da	ted 2-26	
kw Well []		Change is			of:	to re	flect te	mporary	oil all	owable o	of 36 bb	
	Oü	Ľ	Dry C			oil s	old from	NMGSAU	Btry. N	lo. 14 no	ot Btrv	
hange in Operator	Casinghe		Cond				U Btry.					
change of operator give seams			•				R36E, L					
L DESCRIPTION OF WEL	L AND LE	ASE										
Anno Name	Blk. 9	Well No.	Pool	Name	, Includi	ng Formation		Kind	of Lease	- i	ease No.	
North Monument G/SA	Unit	19	Eu	mic	ce Mon	nument G	/SA	State,	Federal or Fe	• 8-19	961-2	
ocation												
Unit LotterC	<u> </u>	95	_ Feet I	From	The No	orth Lin	and _2560	Fe	et From The	West	Lipe	
25	10	_										
Section 25 Town	<b>uhip</b> 198	<u>.</u>	Rang		36E	<u>, N</u>	MPM,	L	ea		County	
I. DESIGNATION OF TR	ANSPORTI		. A 1		NATI							
ame of Authorized Transporter of Oi		or Conde	asale				e address to wi	hick approved	com of this (	form is to be se	nt)	
Texas New Mexico Pipe	eline						roadway,					
lame of Authorized Transporter of Ca			or Dr	y Ge	• [7]		e address to wi					
- 				·		,						
f well produces oil or liquids,	Unit	Sec.	Twp.	ſ	Rge.	is gas actually connected?		When	When ?			
ve location of tanks.		<u> </u>		ĺ				i				
this production is commingled with t	hat from any ot	her lease o	r pool, g	pive o	omming	ing order aum	ber:					
. COMPLETION DATA												
Designate Type of Completi	<b>m</b> . <b>M</b>	Oil We	n i	Ges	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ale Spudded							<u> </u>	L	L	1	1	
	Date Coo	ipl. Ready i	o Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					·····	Top Oil/Gas Pay						
									Tubing Depth			
erformions							· · · · · · · · · · · · · · · · · · ·	·····				
									Depth Casin	ng Shoe		
		TIRING	CAS	INC	ANTO	CELCENT	NO DECOD		<u> </u>			
HOLE SIZE		TUBING, CASING AND C										
		ISING a 1	UDING	512	E		DEPTH SET			SACKS CEM	ENT	
								·			·	
······································			<u>.</u>									
. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E								
IL WELL (Test must be aft.					and must	be equal to or	exceed top all	owable for thi	'e denth ar ha	for full 24 hours	1	
ata First New Oil Rus To Tank	Date of Te					Producing Me	thod (Flow, pi	mp. sas lift.	nc.)	jor juli 24 non	<b>.</b>	
•						-						
eagth of Test	Tubing Pressure					Casing Pressure			Choke Size			
tual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF				
SAS WELL												
ctual Prod. Test - MCF/D	Length of	Test				Bbis. Conden	sate/MMCF		Gravity of	Condensate		
								,				
sting Method (pilot, back pr.)	d (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIF	ICATE OF	COM	PLIA	NC	E				4		·	
I bereby certify that the rules and re-	sublices of the				_	(	DIL CON	<b>ISERV</b>	ATION	DIVISIC	)N	
Division have been complied with a is true and complete to the best of n	ad that the isla	emation at	rea abov	ve			-				_	
	ny KROWICCIGE &	ng delief.				Dato	Approve	d	HAR	68 1993	3	
W P R. 1. (	/					Jaio	whine	¥				
Signature	<u> </u>					D.,		Orig. S	Signed by			
R. L. Wheeler, Jr.	Sur	v. Adr	a. Sv	zc.		By_		Paul	Koutz		·	
Printed Name			Title					J.Go	ologist			
3-4-93	505	5 393-2				Title	<u> </u>				····	
Date		Tel	ephone	No.								
			· · ·									

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.