

DISTRICT II  
P.O. Drawer DD, Aztec, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

Operator Amerada Hess Corporation	Well API No. 30-025-31587
Address 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. 14 North Monument G/SA Unit	Well No. 19	Pool Name, Including Formation Eunice Monument G/SA	Kind of Lease State, Federal or Fee	Lease No. B-1167-48
Location Unit Letter C : 80.5 Feet From The North Line and 1505 Feet From The West Line Section 36 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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway, Denver, CO 80202	
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 C	Sec. 36
	Twp. 19S	Rge. 36E
	Is gas actually connected? Yes	When? 1-29-93

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 7-25-92	Date Compl. Ready to Prod. 1-29-93	Total Depth 5150'	P.B.T.D. 3958'					
Elevations (DF, RKB, RT, GR, etc.) 3609.6' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3747'	Tubing Depth 3935'					
Perforations 3747'-3757', 3784'-3794', 3811'-3830' & fr. 3849'-3943'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	1185'	915 sx. "C" Lite & "C"					
12-1/4"	9-5/8"	3641'	925 sx. "C" Lite & "C"					
	7" liner	3482'-5148'	203 sx. "C"					
	2-7/8" tbq.	3935'						

### 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 Rtn To Tank 1-29-93	Date of Test 2-7-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 70#	Casing Pressure 70#	Choke Size
Actual Prod. During Test	Oil - Bbls. 196	Water - Bbls. 37	Gas - MCF 78

#### 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 R.L. Wheeler, Jr. Title  
Date 2-12-93 Telephone No. 505-393-2144

### OIL CONSERVATION DIVISION

FEB 24 1993

Date Approved

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.