Revised February 10, 1994 Instructions on back

Midd II

AMENDED	REPORT
 TATIBLED	WET OF !

PO Drawer DD, Artella, N District III	OIL CONSERVATION DIVISION						Submit to Appropriate District Office				
1000 Rio Brazza Rd., Azte District IV	PO Box 2088 Santa Fe, NM 87504-2088						5 Copie				
PO Box 2088, Santa Fe, N	N 87504-2088								AME	NDED REPOR	
I. F	REQUEST	FOR A	LLOWA	BLE A	ND AU	THORIZAT	TON TO T	RANSI	PORT		
		Operator as	ame and Addr	C#4				OGRI	D Numbe	f	
AMERADA HESS CORPORATION						000495					
DRAWER D	NEU MEVI	20 00	0.6.5		-			Reason fo	or Filing	Code	
MONUMENT, NEW MEXICO 88265						NW					
*API Number 30 - 025-32346 ELIM				Pool Name				' Pool Code			
Property Cod		EUMONT YATES 7RQ					76480				
87	·				perty Name		* Well Number				
	Location	<u> </u>	V.P. BYR	D GAS	COM		·		2		
Ul or lot no. Section	Township	Range	Lot.ida	Feet fro	m the	North/South Line	Feet from the	EANW	and Ham I	- C	
0 12	205	36E						1	i	County	
	Hole Loc		<u> </u>	99	O SOUTH		1980	EAST LI		LEA	
UL or lot no. Section	Township	Range	Lot Ida	Feet fro	m the	North/South Hoe	Feet from the	Fast/W	and Marco T	County	
								1250 111		County	
" Lee Code " Produc	ing Method Co	de H Gas	Connection D	ale 15 (C-129 Perml	1 Number	" C-129 Effective	Date	17 C-12	9 Expiration Date	
S F		4.	5-94						· · ·	o capatator Date	
III. Oil and Gas		ler s			·	l					
Transporter OGRID	t¶	Transporter			n POI) 1 O/G		" POD UI	STR Loc	tion	
1.	ARREN PE						UNITO		ochpdo.		
24030 F	.O. BOX	1589	•	Ö	28/03	3 <i>05</i> G	SALES ME	SEU. 1 TER PO	.2, 12 NINT T	OS, R36E, O WARREN	
T T	ULSA, OK	LAHOMA	74102				PETROLEU	M METE	R NO.	770.	
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	· 										
Anna Anna				\$7.00 E	The state of the s						
		···									
IV. Produced W	ater										
B POD					* POD ULS	TR Location and I	Description.		·		
•	- 1						A CONTRACTOR OF THE CONTRACTOR				
V. Well Comple	tion Data					· · · · · · · · · · · · · · · · · · ·				···	
Spud Date		24 Ready Da	ale		" TD		* PBTD	·	27 1	erforations	
1-16-94	4	-5-94		34	15'	341		3	3068'-3400'		
Hole Size		H Casing & Tubing Size			" Depth Set				²⁶ Sacks Cement		
11"			8-5/8"		417'						
7-7/8"			5-1/2"			3415'	1		SKS. CLASS 'C'		
	J 1/2			_	<u> </u>	400 SKS. CLASS 'C' &					
					·	P	425 SKS. CLASS 'H' IN				
VI. Well Test Da	ita	L						2 ST	AGES -		
M Date New Oil		Svery Date	× Te	al Date	1	Test Length	* The D	PASTI PA	-	Car Barr	
	4-5-		. 4-22-		24 HRS.		" Tog. Pressure		²⁶ Cog. Pressure		
"Choke Size		Oil		Water	Ge Ge		4 AOP		55#		
3/4"	-0-		-0-			979	1500		•		
with and that the information given above is true and complete to the best of my					AL CERTAIN	TOWING					
THOM SETTLE STOR DETICAL	, HOUVE IS	u we assa comp	nose so the best	or any		OIL CO	NSERVATI	ON DI	VISIC	N	
Signature:	Mules	4			Approved	original	eigned gy Tyrol i suff	senn i si skvis o r	20.74.4		
Printed name: R. L. Wheeler, Jr.					Title:	DISTRICT SUPERVISOR					
Title:					Approval I	4. 10.					
Supv. Adm. Svc. Approval Date: MAY 0 2 1994 Phone: 505 393-2144											
" If this is a change of ope	rator fill to the										
	tut	~~~~ BUE)	odie dali ioci	or ene bread	ona obstate	7		-			
Previous Operator Signature Pri					Printed	Printed Name Title Date					
		•						- 146	•	Date	
										•	

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for ellowable for a newly drilled or despende well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion,

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (include volume requested)

 If for any other reason write that reason in this box. 3.
- 4. The API number of this well
- 5. The name of the pool for this completion
- в, The pool code for this pool
- 7 The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 Other Indian Tribe 12.
- The producing method code from the following table:

 F. Flowing
 Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. . 20.
- Product code from the following table:
 O Oil
 G Gas

.....

- T's ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of eacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 48.
- The previous operator's name, the signsture, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

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