SIGIC UI INCW MEXICO Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

District II to Drawer DD, Artesla, NM 88211-1

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	AMENDED	REPORT

District III 1000 Rio Brazo		OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088						N	Submit to Appropriate District Office 5 Copie					
District IV PO Box 2088, 5					Sanu	a re, r	06/8 MM	4-2088			ſ	AME	NDED REPO	
I.					ALLOW	ABLE	AND AT	UTHORIZ	ZAT	TON TO	RAN	TQOQ7	WOLD KETO	
VWEDVL) / UE(Operator :	name and Add	ress						RID Numbe		
AMERADA HESS CORPORATION DRAWER D									000495					
MONUME	NT, N	NEW	MEXIC	0 8826	55						1 Reason	for Filing (Code	
	LPI Num	hee				·		·			NW			
30 - 025-		-		EHM	CE MONII	MENT	Pool Nam	D ¢		' Pool Code				
Property Code				LON	CE MONU	1/ SA Property Name		23000						
000136				NORTH MONUMENT G			RAYBURG SAN ANDRES		TRITE DAY		E Number			
II. 10 (Surfac	e]	Location	1			Tooka	STILL AILD	KLJ	ONII DEK		12		
or or so, no.	1	1	Township	1	Lot.Idn	Feet	from the	North/South	Line	Feet from the	East/1	West Line	County	
11 1	18		198	37E		19	996	SOUTI	H	757	W	EST	LEA	
UL or lot no.	Section	11 1	Hole Lo		Lot Ida	1 5		T						
				l'ange	Locida	Feet	from the	North/South	h fine	Feet from the	Fast/	Yest line	County	
12 Lee Code	" Prod	lucin	g Method C	ode H Ga	Connection E	ale	14 C-129 Perm	it Number I		C-129 Effective	<u> </u>			
S			Р	5	-5-94					C-123 El tectivo	Dale	" C-12	9 Expiration Date	
II. Oil ar	nd Ga	s T		ters				<u>-</u>				<u></u>		
Trampor OGRID	ter		t	Transporter Address	Name		# PO	D 21	O/G		" POD U	LSTR Loca	tion	
37480		EO	TT ENER	GY PIPE	LINE LIN	ITED				IINIT I	and	Description		
37480	10 G. CO.	Ρ.	O. BOX.	4666		L	280700		37.83	UNIT L, EOTT SAL	ES LIN	NE LOCA	95, R3/E NTFD AT	
					7210-466					NMGSAU B	TRY. N	10. 4		
24650		P.(O. BOX	1589	COMPANY	'	280711	4 G	<u>.</u>	UNIT L,	SEC. 1	8, T19	S, R37E	
				74102						WARREN SALOCATED	ALES M	TETER N	IO. 53 TRY. NO. 4	
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V. Produ	ced W	Vate	er											
	OD		UNIT	L. SEC.	18. T19	C: D37	E* POD IR	TD I d						
18350	•			ICÉ ENGI	NEERING	AT D	ISPOSAL	JUNCTIO	N · L (echpton PRO DCATED AT		WATER	DISPOSED	
Well C	omple	etic	on Data					<u>·</u>		711	Milasi	NO DIK	7. NO. 4	
Spud				" Ready Da	ile		n TD			* PBTD		" Per	rforations	
2-14-94	Hole Str		5-	-4-94			200 406		67 '		O.H. 3900'-4067'			
12-1/4"	Trote Str			H Casing & Tubing Size			¹¹ Depth Set			³³ Sacks Cement				
8-3/4"					5/8"			432'		2:	25 SKS	. CLAS	SS 'C'	
8-3/4"			7"			3900'		. 575 SKS. CLASS						
				2-7/8	" TBG.			40331				. CLAS		
I. Well T	est D	ata			· · · · · · · · · · · · · · · · · · ·							TAGES		
M Date New	ON	T	M Gas Del	ivery Date	, × T	t Date	1 ==	Total Control					-	
5-5-94 5		5-5-	1			7 Test Length		M Thg. Pressure		²⁶ Cag. Pressure				
" Choke S	ize ·	T	# ()ii		ater	 	24 HRS.	-	" AOF		4		
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I hereby certify the and that the incoveredge and beli	mat the re normation	uics (n giv	of the Oil Co ca above is t	nservation Div	ision have been	complied	C C C C C C C C C C C C C C C C C C C				·	PUMP		
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nted name;	106	4	lule	4			Approved by	y:	O	rig. Signed	b y		. [
R.L. WHEELER, JR.						Title: Paul Kautz Geologist								
SUPV. ADM. SVC.							Approval Date:							
<u> </u>				Phone: (50	5) 393-2	2144		MA	1	8 1394				
If this is a chang	ge of ope	rator	r fill in the	OGRID aumb	er and name o	the prev	lous operator						====	
Pr	evious O	pera	tor Signatu	re			Billio and							
	_		-	•			Printed N	ame			Title		Date	
							=+						I	

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 allowable for a newly drilled or deepened 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 filed 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.

- The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- 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 de from the followi Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe SP
- The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. 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 21.

- T! a 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 24. well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32
- 33. Number of sacks 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells **39**.
- 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 Swebbing 45. S Swabbing If other method please write it in.
- 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 signature, 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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