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YO Drevel DU, AME, KM. 2010 Santa Fe, New Mexico 87504-2088 DSTIXT III 1000 ho Brase kd, Ame, KM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION L TO TRANSPORT OIL AND NATURAL GAS Operator AMERADA HESS CORPORATION 30-025-0599.5 Address Drawer D, Monument, NM 88265 AMERADA HESS CORPORATION PHYSICALLY New Wei Object proof box Vising of operator give same UK Casinghead Gas Description OF Weill AND LEASE Nonument Grayburg San Andres Lease Name Implement Grayburg San Andres Unit Letter 1980 Feet From The Service Township 20S Range Name of Autho
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Under the operator give barre UK, Byrom Ott Co., P.O. Box 147, HObbs, NM 88240 If change of operator give barre UK, Byrom Ott Co., P.O. Box 147, HObbs, NM 88240 Ind address of previous operator A Byrom Ott Co., P.O. Box 147, HObbs, NM 88240 I. DESCRIPTION OF WELL AND LEASE Lease Name Humble Laughlin Bty 2 2 Monument Grayburg San Andres State, Federal or Fee Lease No. Location 1980 Value Letter 1 Section 4 Township 20S Range 37E NMPM Lea Count Or Condectable Address to which approved copy of this form is to be sent) Shell Pipeline Corporation Procedectable
I. DESCRIPTION OF WELL AND LEASE Lease Name Humble Laughlin Bty 2 2 Monument Grayburg San Andres State, Federal or Fee Location Unit Letter 1 1980 Feet From The Section 4 Township 20S Range 37E NMPM Lea Count Or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corporation P.O. Box 1910, Midland, Texas
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Section 4 Township 20S Range 37E NMPM Lea Count III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corporation P.O. Box 1910, Midland, Texas 79702
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authonized Transporter of Oil or Condensate Shell Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702
Name of Authonized Transporter of Oil (Condecorate Oil Condecorate Oil Pipeline Corporation P.O. Box 1910, Midland, Texas 79702
Shell Pipeline Corporation P.O. Box 1910, Midland, Texas 79702
Name of Authonized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?
rive location of tanks. I 4 20S 37E Yes
IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Re
Date Spudded Date Compil. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
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 Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF
GAS WELL Bbls. Condensate/MMCF Gravity of Condensate 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 OCT 6 198
is true and complete to the best of my knowledge and belief. Date Approved
Signature District Superintendent ORIGINAL SIGNED BY JERRY SEXTON
Sam Small DISTRICT I SUPERVISOR Printed Name Title Title
October 4, 1989 (505) 393-2144
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 accor

with Rule 111. 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.

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