

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amerada Hess Corporation		Well API No. 30-025-06117
Address Drawer D, Monument, New Mexico 88265		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 State "Q"	Well No. 2	Pool Name, Including Formation Eumont Yates 7RQ	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. 8-1469
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Company	2223 Dodge Street, Omaha, Nebraska 68102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	12-2-92 9:00 A.M.

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X		X		
Date Spudded	Date Compl. Ready to Prod. 9-11-92		Total Depth 3842'		P.B.T.D. 3654'			
Elevations (DF, RKB, RT, GR, etc.) 3548' DF	Name of Producing Formation Eumont Yates 7RQ		Top Oil/Gas Pay 3327'		Tubing Depth 3306'			
Perforations 3327' - 3524'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/8"	10 3/4"	207'	Previously Ran
9 7/8"	7 5/8"	2435'	Previously Ran
	5 1/2"	3782'	Previously Ran
	2 7/8"	3306'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of total oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Rns To Tank	Date of Test 12-3-92	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

Actual Prod. Test - MCF/D 747 MCF/D	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 200#	Casing Pressure (Shut-in) 200#	Choke Size 3/4"

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.

R. L. Wheeler, Jr.
Signature
R. L. Wheeler, Jr. Supv. Adm. Svc.
Printed Name
12-4-92 505-393-2144
Date Telephone No.

OIL CONSERVATION DIVISION

DEC 07 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.