Subwat 5 Comme Appropriate Datate Office <u>POSTEKTJ</u> FO Box 1980, Hobbe, NM 82240

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DISTRICT III 1000 Ruo Brizon Rd., Amer. Nov. \$7410

## Strengy, Minerals and Natural Resources Depart ment

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Parm C-166 Reviewd 1-1-89 Soe Lastractions ac Bottom of Page ł

REQUEST FOR ALLOWABLE AND AUTHORIZATIK	NC
TO TRANSPORT OIL AND NATURAL GAS	

1.	·····	TOTRA	NSPC	DRT OIL	AND NAT	FURAL G	AS					
Openaor AMERADA HESS COMPANY							Well .	Well AM No 30-825-06120				
Drawer D, Monument, N	M 8826	5										
Reason(1) for Films (Check proper box)		<b>_</b> .	_	_		x (Please expl		· · · · · · · · · · · · · · · · · · ·	<b></b>			
New Well	<u>.</u>	Cange in			AMERAD	A HESS C	ORPORAT	ION PHYSI	CALLY			
Change is Operator	OU Casinghea	_	Dry Gas Condea		TUDK U	VER OPER	RATION 9	/27/89				
L' change of operator give name LUK					Hobbs	NM 8824	0					
IL DESCRIPTION OF WELL					100003	<u>111 0024</u>	· <u>·</u> ·		,, .,,.	·		
Lease Name		Well Na	Pool Na	me, Includi	ng Formation	EUNICE	Kind	of Lesse	L	car No.		
Shell GA State	· · · · · · · · · · · · · · · · · · ·	1	Moni	ument G	rayburg	<u>San</u> Andr	es Sure.	Federal or Fee				
Location		990						·····		· · · · · · · · · · · · · · · · · · ·		
Unit Letter	_ :	30-	Fed Fr	m The	South Line	and33	0 Fr	et From The	West	Line		
Section 16 Tontahi	<b>b</b> 20	ç	_	275		1						
Section 10 Townshi	<u>p20</u>		Range	37E	, N3	APM Lea				County		
III. DESIGNATION OF TRAN	SPORTE			D NATU								
								which approved copy of this form is to be sent)				
Name of Authonized Transporter of Casing		<u> </u>	or Dry	G. [ ]	P.U. BO.	x 1910,	Midland.	, TX 797(	02			
Warren Petroleum		<u> </u>	u Diy			v 1500	hich approved Tulica (	copy of this for	m is so be se	ud)		
Warren Petroleum P.O. Box   If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually complete to the sec.							When					
give location of tanks.	M	16	20S	37E	Yes		1	1				
If this production is commingled with that IV. COMPLETION DATA	from any of	er kan or	pool, giv	e comming!	ing order numb	er.	<b>I</b>					
Designate Type of Completion	· 00	Oil Well	C	as Well	New Well	Workover	Licepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	······	pl. Ready to	Prod		Total Depth		I	Ļ [	· · · · · ·	1		
Dat Sprand		µ			in Depa			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe				
									3.4.2			
	1	UBING,	CASIN	NG AND	CEMENTE	NG RECOR	D					
HOLE SIZE	1	SING & TL			DEPTH SET			SACKS CEMENT				
			······									
	+											
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	·····				<u> </u>				
				il and musi	be equal so or	exceed top allo	mable for thi	s depih or be for	r full 24 hou	73.)		
Date First New Oil Run To Tank Date of Test					it be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pre	551 <b>75</b>			Casing Pressure			Choke Size				
ctual Prod. During Test Oil - Bbls.				Water - Bbls			Gas- MCF					
Actual Prod. During Test Oil - Bols.					THE POIN							
	<u></u>	<u> </u>	·		1			1				
GAS WELL Actual Prod. Test - MCF/D	Length of	Tesi			Bbls. Condens	MMCE	·····	C				
					Don. Cobach			Gravity of Condensate				
Testing Method (pilot, back pr.) Tubing Pressure (S			·m)		Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE						· · · · · · · · · · · · ·		
I hereby certify that the rules and regula					C	DIL CON	ISERV	ATION D	VISIC	N		
Division have been complied with and is true and complete to the best of my h			in above					0CT **	£ 100	n		
Is true and complete to the deal of my i	mowiedge at	NG DELIEL.			Date	Approved	d	001	0 130	5		
$G \int O $	1					••						
Signature				<u> </u>	By_		UNAL SIG	NED BY JERR	Y SEXTO	N		
Signature Sam Small	Distri	ct Supe		<u>ende</u> nt			mi21KIC	TI SUPERVIS	SOR			
Printed Name	1		Title	-	Title	_						
October 4, 198	(50		<u>3-214</u> pho <b>ne N</b> e									
		-	-		]			1997 - C. A. M. T. A. M.				
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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