## Appropriate Dustis Office Infiliation

P.O. Drove DD, Anda, Hor \$210

DISTRICT EL 1000 Res Brace Rd., Amer. Nov. 87410

## Energy, Minerals and Natural Resources Depr - unit

## OIL CONSERVATION DIVISION P.O. Box 2068

Santa Fe, New Mexico \$7504-2088

Form C-166 Revised 1-1-89 See Lestructions at Bostons of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L.				101	Unit		ANU NA	UHAL G					
Amerada Hess Corporation										N71 NG.			
Address Drawer D, Mon		New Me	xico 88	8265					A	<u> </u>			
Remova(s) for Filing (Check #	roper bas)						005	* (Please expla	Nie)				
New Well			Change in	•	_		Amerada Hess Corporation physically took						
Recompletion							over operation on 11-7-89.						
I change of operator give and and address of previous operat	John	H. He	ndrix (	ò rp	orati	on,	223 West	t Wall, S	Suite 52	5, Midla	and, Tex	as 79701	
IL DESCRIPTION O		AND LE	ASE							······································			
Lane Name	Well No. Poo				col Name, Lachudiag Formatica Eunice Monument G/SA				Kind of Lease		ease No.		
State "Y"		<u></u>		E	unice	MO	nument G,	/ SA	Sinte,	Federal or Fe	€ B-1	383	
Location Unit Latter	I	.:19	80	Fect	From The	•	South	660	ħ	et From The	East	Lise	
Section 17	Township	2	<b>0</b> S	Rang	e		37E .N	APM.	Lea			County	
	OF TRAN	CDUD LI	50 AF AI	T A 1		<b>'T T</b> 11						Courry	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil													
Shell Pipeline Corporation P. O. Box 2648, Houston, Te									n, Texas	s 77001			
Name of Authorized Transporter of Casinghead Gas or I E1_Papo Natural Gas Go. Marthum /					Dry Gas X Address (Give address to which P- 0 Box 1492					h approved copy of this form is to be sent) EI Paso, Texas-79978			
If well produces oil or liquid		Unit Sec. Twp. Rge. Is gas actually connected?						When					
rive location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number.													
IV. COMPLETION I	DATA						ing order stand					<u></u>	
Designate Type of C	ompletion		Oil Well	i	Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.	1	_1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						<u> </u>	Top Oil/Gas	ay		Tubing Dep	Tubing Depth		
Perforations										Depth Casing Shoe			
										1			
HOLE SIZE	TUBING, CASING AND								1				
		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
										1	<u></u>		
V. TEST DATA ANI							[			1		<u></u>	
OIL WELL (Test must be after recovery of load volume of load oil and mus							t 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	<u></u>	Tubing Pressure					Casing Press	inc		Choke Size	Choke Size		
Actual Prod. During Test	al Prod. During Test Oil - Bbls.						Waler - Bbls.		Gas- MCF				
										<u> </u>			
GAS WELL Actual Prod. Test - MCF/D Length of Test							Bbls. Conden	HEADICE -		Contractor	Candra		
									Gravity of Condensate				
Testing Method (pilot, back )	<b>.</b> )	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR C									1055				
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.								NSERV	ATION N(		1393		
						Date	Approve	d					
IK K While J.						_	By_	<u> </u>		Orig. Sig	med by		
Signature R. L. Wheeler, Jr.Supv. Adm. Svc.Printed NameTitle						<b>[]</b> .			Geolo	with t			
<u>11-8-89</u> <u>505 393-2144</u>										- <u></u>			
Date			166	10000	110.		11		·				

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.

All sectors to the filed for each and is multiply well name or number, transporter, or other such changes.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.