Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drewer DD, Ameria, NM \$1210

## 17 gy, Minerals and Natural Resources Departm

## L CONSERVATION DIVISIG. P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Bracs Rd., Aslec, NM \$7410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	]	TO TRA	NSI	PORT OIL	AND NAT	TURAL GA		RT LT			
Openior Amerada Hess Corporation						Well API No. 30-025-06146					
Address Drawer D, Monument,		ico s	3826	55		<u></u>					
Resson(s) for Filing (Check proper box)	NEW PICA		5020		X Othe	A (Please expla					
New Well		Change in	Тлы	porter of:							
Recompletion	Oil		Dry		Effe	ctive 11	-1-93				
Change in Operator	Casinghead	1 Gas 📋	Con	icana 🕅							
If change of operator give same and address of previous operator			•								
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Lac New Mexico "F" State 2 Eunice M					-	/ 5 Л		Kind of Lease State, Federal or Fee		Lean No. B-935	
New Mexico "F" Stat	<u>e</u> ]			<u>unice Mor</u>	iument u	<u>, 2H</u>			<u>D-93</u>	00	
Ualt LetterN	_ :	660	. For	From The Sc	outh Lin	e and!	986.7 F	et From The _	West	Line	
Section 17 Townsh	ip 205	5	Ran	• <u>37E</u>	, N	MPM,		Lea		County	
III DESIGNATION OF TRAN	SPORTE	ROFO	11. A								
III. DESIGNATION OF TRAN Nume of Authorized Transporter of Oil EOTT 011-Pipeline C	FC FC			DILTA	Address (Giv	e address to wi					
		L Effect	ivo /	ipenne LI		Box 466	5, Houst	con, Texa	as 77210	-4666	
Name of Authorized Transporter of Casiz	•	d.	Of D	hy/694[X]		ne address to wi			unt)		
Warren_Petroleum_Co					1		<u>a, OK 74</u>	102			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 17	<b>Twp</b>		1 -	y connected?	When	17			
If this production is commingled with that	from any oth		_	the second s	Yes	har	<b>I</b>				
IV. COMPLETION DATA			<b>,</b> ,	and consisting			*****				
Designate Type of Completion	- (20)	Oil Well		Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Dete Com	). Ready is	o Prod	L	Total Depth	<b>I</b>	I	P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
					<u></u>			Tubing Depi	Tubing Depth		
Performitions								Depth Casin	g Shoe		
	<u></u> т	UBING	CA	SING AND	CEMENT	NC PECOP		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-			
V. TEST DATA AND REQUE	ST FOR	TINW	ĀRĪ	F	<u></u>						
OIL WELL (Test must be after					the equal to a	t at coad for all	anna bha Can ch	in densk en kar	(		
Date First New Oil Rus To Tank	Date of Te	<b>f</b>				ethod (Flow, p			ior fuil 24 nou	•3.)	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test					Water - Bbla						
Actual Prod. During Test Oil - Bbls.								Gas- MCF			
GAS WELL					1						
Actual Prod. Test - MCF/D	Length of	Test	·		Bbls. Conder	INICAN ICE	·	10			
						DOIN COLOCOMED/MIMICP			Gravity of Condeptate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATYOD CEDITIER					.			1			
VL OPERATOR CERTIFIC	AILOF	COM	PLLA	ANCE				ATION			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					D-1- 0 (10) 1 8 1002						
Rewh. l. 1					Date Approved NOV 1 8 1993						
Signature					ByORIGINAL SIGNED BY JERRY SEXTON						
R.L. Wheeler Jr. Supv. Admin. Svc.					DISTRICT I SUPERVISOR						
Printed Name Title 11-01-93 505-393-2144					Title					-	
Date	5	the second s	- <u>214</u>								
INSTRUCTIONS, THE	An an the second se										
THE TRUCT ON THE STATE					www.www.www.c.apes.com	and the second		the products of the	Stores Contractor	11 S. C. St. Mar	

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.

Reviewd 1-1-89 votions a of Page Inst