Appropriate Data Office Distribution Distribution FA Bas (190, Hote, 104 BELO

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DISTRICT BI 1000 Ruo Briace Rd., Asiac, NM \$7410

Energy, Minerals and Natural Resources Der ment

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico \$7504-2088

Form C-164 Re-tond J-1-39 See Instructions at Bodiess of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

S- Cysmicr	·	10 110	44514			ANUNA	TURAL G		JI AM No.			
AMERADA HESS CORPO	RATION								NU AVA 190.			
Address Drawer D, Monument		ico 8	8265					···········		<u> </u>		
Resear(s) for Filing (Check proper bo	E)	<u> </u>	_			00	a (Pierse api	ain)				
New Well	Change is Transporter of: AMERADA HESS CORPORATION physically took											
Recompletion		w Gw [• ·			over o	peration	on 11	/-89			
W change of operator give same MK.	A Oil Pro	pertie	s, 30	4 Na	tio	nal Bank	Bldg.,	Midlan	id, Texas	79701		
IL DESCRIPTION OF WEL	LL AND LE		1									
New Mexico "F" State		Weli No. Pool Name, Incha 4 Eunice Mo				i ng Formatice nument G/SA			Kind of Lease State, Federal or Fee		esse No.	
Location		660									935	
Unit Lotter	:	000	_ Feet Fr	The The	<u>s</u>	outh Lin	660		Feet From The	West	Lise	
Section 17 Tow	anhip 2	05	Range		<u>37e</u>	, N	MPML Le	a			County	
III. DESIGNATION OF TR	ANSPORTE	ER OF C	DIL AN	D NA	TU	RAL GAS						
Name of Authorized Transporter of Oil A or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Shell Pipeline Cor Name of Authorized Transporter of C	7 -	P.O. Box 2648, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sens) D. O. Box 1402										
El Paso Natural Ga	s Company		or Dry	y	<u>م</u> ب	P.O. Box 1492, El Pi			so, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Тър		Rge.	Is gas actually connected?			xs ?			
If this production is commingled with IV. COMPLETION DATA	that from any ot	her lease of	r pool, giv	ve corre	ningl	ing order num	ber:					
[0 0	Oil We		Ges We	:U	New Well	Workover	Deeper	Pius Back	Same Res'v	Diff Res'v	
Designate Type of Complete			lo Prod.			Total Depth	l	i				
									P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	(T, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforitions						<u>. </u>	••••••••••••••••••••••••••••••••••••••		Depth Casiz	Depth Casing Shoe		
	;	TITRING	CAST	NG A	ND	CEMENTE	IC DECOD					
HOLE SIZE	CA	TUBING, CASING ANI CASING & TUBING SIZE					DEPTH SET	D		SACKS CEMENT		
V. TEST DATA AND REQU	JEST FOR	ALLOW	ABLE	-11					<u>_</u>			
OIL WELL (Test must be af Date First New Oil Run To Tank	Date of Te	Date of Test					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 Pr	Tubing Pressure				Casing Pressu	ut.		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL		<u> </u>				1						
Actual Prod. Test - MCF/D	Length of	Length of Test					HIE/MIMCF		Gravity of C	Gravity of Coodensale		
the second second	Tubing Pr	Tubing Devoue (Chief in)				C						
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIF				ICE								
I hereby certify that the rules and n Division have been complied with	egulations of the and that the info	Oil Conse mation siv	rvation en above				JIL CON	ISERV	VATION I NO	DIVISIC	No o	
is true and complete to the best of my knowledge and belief.						Data	A	<u>ل</u>	NU	A & A I	000	
R PHI) hu los						Dale	Approved		Gi-mod by			
Signature R.W. Wheeler Supv. Adm. Ser.						ByOrig. Signed by Paul Kautz Geologist						
Printed Name Title 11-8-89 505 393-2144						Title			Redrogram			
11-0-09 Dele	50		s-2144 ephone N		-							
						II						

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.