on 1960, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources De,

DISTRICT B. P.O. Drawer DD, Aresia, NM \$5210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.										
Amerada Hess Cor	rporation										
Address											
Drawer D, Monume	ent, New Me	exico 88	8265								
Reason(s) for Filing (Check proper					Othe	(Please explo	ia)				
New Well		Change in	Тпа	porter of: _	Ame	rada Hes	s Corno	ration phy	vsicall	v took	
Recompletion	Oil		Dry C	3as 🔲			•	11-7-89.		-	
Change in Operator	Casingh	ned Gas 🔲	Cond	comic	0,40	1 Operat	ton on .	11-7 05.	WCII 1	.A u.	
f change of operator give name	<u>-</u>				222 11	+ 11-11	C E') F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
and address of previous operator	John H. He	narix	corp	oration,	223 Wes	t wall,	Suite 3	25, midia	na, lex	as /9/01	
IL DESCRIPTION OF W	VELL AND LE	EASE									
Lease Name			Well No. Pool Name, Includ		ng Formation		Kind o	Kind of Lease Lease			
. Mexico		1	•		ument G/	SA	I	Federal or Fee		31621 (B)	
			1				<u> </u>		J		
Location		3 30		N	orth .	33	Ω		East		
Unit LetterA	:		_ Feet !	From The	orth Line	and	Fe	t From The		Line	
Section 18	Township 2	2) S	Rang	• 37E		IPM.	Lea			Country	
Section 10	i Ownerip 2		KAUK	5/2	, 144	тт,				County	
TO DESIGNATION OF	TO A NEDODT	T'D OF O	TI A	ND NATE	DAT CAS	TA	1				
III. DESIGNATION OF	ZOI -	or Conde		NO NATU		address to sub	ich annaud	anni of this form	- io to bo oo	-()	
Name of Authorized Transporter		VI COLOG			Audiess (Oth	COLD ESS IO WA	iich approved	copy of this form	(IS to be see	<i>.</i>)	
	-1 C111 C				A 44 40°						
Name of Authorized Transporter	or Campghead Gas	لــا	or Di	ry Cas 🗀	ADDITES (GIVE	address to wh	uch approved	copy of this form	i is to be set	NI)	
	1		1=								
If well produces oil or liquids,	Unit	Sec.	c. Twp. Rge		Is gas actually connected? When			7			
give location of tanks.		_L	1	_1	L		i		 		
If this production is commingled w	vith that from any o	other lease or	pool, i	give comming!	ing order numb	er					
IV. COMPLETION DAT	Α										
	aladan (V)	Oil Wel	n	Gas Well	New Well	Workover	Deepea	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Comp			1				1	1		1	
Date Spudded	Date Co	mpl. Ready t	o Prod.	•	Total Depth			P.B.T.D.	,		
•											
Elevations (DF, RKB, RT, GR, etc.	c.) Name of	Producing F	omati	ONE.	Top Oil/Gas	ay		Tubing Depth			
,					1			1			
Perforations								Depth Casing	Shoe		
		TUBING	CAS	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		ASING & T			CLINE	DEPTH SET		CA	CKS CEM	ENT	
HOLE SIZE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00	30.22	 	DEF IN SET		3.7	CKS OEWIE		
											
					-			+			
					-						
D. M. AND DI	POLICET FOR	ALLOW	ADI	E	1						
V. TEST DATA AND RI											
V22 · ·	be after recovery of		e of loa	d oil and must					full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of	Test			Producing Me	ethod (Flow, p	emp, gas lift.	ric.)			
							 				
Length of Test	Tubing !	Pressure			Casing Press.	ıre		Choke Size			
					<u> </u>			1			
Actual Prod. During Test	Oil - Bb	ds.			Water - Bbis.			Gas- MCF			
CACRICII					···						
GAS WELL	11	of Test			Bbis. Conden	cote A A A A A		To-mail to	- d		
Actual Prod. Test - MCF/D	Length	n ien			DOIS. CORGET	MEMMICE		Gravity of Co	Dued szie		
		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			O to Since		
Testing Method (pitot, back pr.)	lubing	rressure (Shi	吨-四)		Casing Press	ire (Shut-in)		Choke Size			
					ļ			<u> </u>			
VI. OPERATOR CER	TIFICATE (OF COM	PLIA	NCE				_			
					(DIL COI	ISERV	ATION D			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JAN 1 9 1990						
is true and complete to the be	gt of my knowledge	e and belief.			Date	A	ď	Umii I	100	· ·	
)				Date	Approve	:U				
S.w. I	'00										
	7-				By O			11 13.33	.81		
S. W. Small	Distr	ict Sur	eri	ntendent	'		Cr: :UFE		-		
Printed Name			Title		Title						
11-8-89	505 3	393-2144	,		II HE						
		Te	lenhon	- No	I						

- 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.