Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWARI F AND AUTHORIZATION

_	TOTOM				10				
TO TRANSPORT OIL				I UNAL GA	Nell /	API No.			
Amerada-Hess Corporation									
Address	grocaccon								
P.O. Box 2040 Tu	lsa, OK 7410	2							
Reason(s) for Filing (Check proper box				er (Please explo					
New Well	Change in Ti	- (-1	3 111 -	ture 3	11/2	9			
Recompletion	r	ry Gas	lifec	lue	1110	1			
Change in Operator	Casinghead Gas C	ondensate	00						
If change of operator give name and address of previous operator JO	hn H. Hendrix	_Corpora	ation	223 W.	Wall,	Suite	525, M	idland, TX	
II. DESCRIPTION OF WEL								79701	
Lease Name	Well No. P				ing Formation M N State			ase No.	
Mexico	3 ,	<u>Eunice-M</u>	lonument	t DD	State,	Federal or Fee			
Location	1000		Manth	6.6	50 F		East	•	
Unit Letter _H	:1980F	eet From The	NOLTH	andO	Fe	et From The _		Line	
Section 18 Town	ship 20S R	ange	37E , N	мрм,		<u>L</u>	ea	County	
III. DESIGNATION OF TRA	NCDODTED OF OH	AND NATI	IRAL GAS						
Name of Authorized Transporter of Oil			Address (Giv	e address to wh	hich approved	copy of this fo	rm is to be ser	ਪ)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Addition force man end to miner approved copy of the John with a control					
If well produces oil or liquids, give location of tanks.		wp. Rge.	Is gas actuall	y connected?	When	?			
If this production is commingled with th	at from any other lease or po	ol, give comming	ling order num	er:					
IV. COMPLETION DATA						(
Designate Type of Completic	Oil Well on - (X)	Gas Well	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.		
•									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
					-				
	TUBING, C	CEMENTING RECORD							
HOLE SIZE	CASING & TUB	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
			 						
						ļ	 	· · · · · · · · · · · · · · · · · · ·	
									
V. TEST DATA AND REQU	EST FOR ALLOWAR	BLE				1	***		
OIL WELL (Test must be afte	r recovery of total volume of	load oil and musi	t be equal to or	exceed top allo	owable for thi	s depth or be fo	or full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, pu	ump, gas iyi, e	nc.)			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
201611							Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Ogo- IVICI			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
Festing Method (pitot, back pr.)									
VI. OPERATOR CERTIFI	CATE OF COMPL	IANCE		NI 00°	IOED'	A TT 1 () \$ 1 F		N.I.	
I hereby certify that the rules and re			11 (DIL CON	NOEH V			03	
Division have been complied with and that the information given above				Date Approved					
is true and complete to the best of m	y Knowledge and belief.		Date	Approve	d	JUL	, 18		
41. 17	1 1			• •				0	
Manda Dunter			D.,	JRIGIN	AL SIGNES	BY JERRY	RAYON		
Signature Designature			∥ By_	3,	DISTRICT I	SUPERVISO)Ř		
Rhonda Hunter Production Asst									
	915-684-6631	-	Hitie						
7/23/91 Date	Teleph	one No.							

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
- 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.

JUL 2 4 1991

HORN OFFICE