ubuilt 5 Copies Appropriate District Office <u>NSTRICT 1</u> 7.0. Son 1980, Hobbs, NM 88240

DISTRICT B 10. Drawer DD, Asteda, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aster, NM 87410

State of New Mexico Ainerals and Natural Resources Department Ener

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L. Openskor		TO TR/	INSP	ORT OIL	AND NAT	<b>TURAL G</b>					
Amerada Hess Corpo					UPI No.						
Admes						<b></b>		-025-06961			
Drawer D, Monument		xico 88	265						•		
Reason(s) for Filing (Check proper be New Wall	x)	Change in	Trues	antes al.	Effe	T (Please exp	lain) 15-93.	Drord			
Recompletion	Oü		Dry G				Drinkard			lame	
Change is Operator	Casingh	end Gas				is shut					
I change of operator give same and address of previous operator <u>C</u>	hevron U	.S.A	Inc	P. 0.	Box 1150	). Midla	nd Texa				
IL DESCRIPTION OF WE			****	•		, india	ild, ICAC	13 19702			
Lasse Name	Vame, lachud	ting Formation Kind			of Lease Lease No.						
J. G. Hare		1 Drinkard							Federal or Fee		
Location	,				_						
Unit Lotter N	:	560	. Fod P	rom The S	outh Lim	and <u>198</u>	0 Fe	et From The	West	Line	
Section 33 Tow	<b>tuthip</b> 2	21S	Range	<u>37</u> E	, NA	(PM,	Lea			County	
III DESIGNATION OF TR	ANCRODT		** **							<b>_</b>	
III. DESIGNATION OF TR Name of Authorized Transporter of C		or Coades				address to w	hich approved	com of this f	orm is to he e		
	لــــا 									~~)	
Name of Authorized Transporter of C	aninghead Gas		or Dry	Ges	Address (Give address to which approved copy of this form is to be sent)						
well produces oil or liquids, Unit Sec. Twp.				Rge.	e. Is gas actually connected?			When ?			
pive location of tanks.		l	<u> </u>	1							
If this production is commingled with IV. COMPLETION DATA	that from any o	ther lease or	pool, gi	ive comming	ling order numb	er:					
· · · · · · · · · · · · · · · · · · ·		Oil Well		Gas Well	New Well	Workover	Deepen	Piue Back	Same Res'v	Diff Res'v	
Designate Type of Complet			<u> </u>				1				
Date Spation	Date Con	npi. Ready ic	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				)	Top Oil/Cas Pay			Tubing Depth			
Performiona											
								Depth Casin	g Shice		
		TUBING.	CASI	NG AND	CEMENTIN	G RECOR	20	<u> </u>			
HOLE SIZE	C,	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
						···					
V. TEST DATA AND REQU OIL WELL (Test must be at	JEST FOR	ALLOW/	ABLE		<b>.</b>						
DIL WELL (Test must be af Date First New Oil Rus To Tank	Date of T	iolal volume	of load	oil and must	be equal to or	exceed top all	omable for thi	s depih or be j	for full 24 hou	rs.)	
·					Producing Me	unod ( <i>r low</i> , p	ump, gas lýt, i	1C.)			
Leogth of Test	Tubing Press :re				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbla	Oil - Bhie				Water - Bbis			C. Hot		
					WALL . DOIL			Gas- MCF			
GAS WELL					L			<b>_</b>			
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condepute		
esting Method (pilot, back pr.)	od (pilos, back pr.) Tubing Pressure (Shut in)				Casing Pressure (Shut-in)						
								Choke Size			
I. OPERATOR CERTIF	ICATE OI	FCOMP	LIAN	NCE	·						
I hereby certify that the rules and re	gulations of the	Oil Conten	ation		C	DIL COM	JOEDIN	ATION	<b>Divial</b> C	NNI -	
is true and complete to the best of r	ng that the info	rmation give and belief.	a above	:			IIIN	2 4 1993			
$\Box$					Date	Approve	d				
Signature	<u> </u>		·			ORIGIN		EY JEBRY	SEXTON		
<u>S. W. Small</u> District Superintendent					By ORIGINAL SIGNED BY JERRY SEXTOM						
Printed Name Title 6-15-93 505 393-2144					Title_						
Date			phone N	io.				<del>.</del>			

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.

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