Subant 3 Copies Appropriate Datains Office <u>DISTRICT 3</u> P.O. Box 1980, Hobbs, NM 85240

DISTRICT E P.O. DERVIE DD, Asteria, NM \$210

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

Fringy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.						UNAL GA		W 1.Y.			
Openior Amerada Hess Corporat	for						Well /	uri 190.			
	1011							·	<u></u>		
Address											
Drawer D, Monument, New Mexico 88265 Resson(s) for Filing (Check proper box) Other (Please explain)											
										1 . 1	
Recompletion Oil Dry Gas over operation on 9-12-89. Change in Operator X Casinghead Gas Condensate											
							<u> </u>			7(112	
and address of previous operator Millially Deck DS cace, NonD Texas, 1. 0. Dox 2540, Tore worten, Texas 70115											
IL DESCRIPTION OF WELL	AND LEA	SE				_					
Lesse Name		Well No.	Pool Na	ume, Includi	ng Formation			x Lesse		Lease No.	
Anderson "A"	9 Eunice Mon				ument G/SA			Federal or Fee B-1040		040	
Location											
Unit LetterF	:231	.0	Feet Fre	om The	orth Line	and231	<u> </u>	et From The _	West	Line	
17	20	١c	_	7	T		τ	_		_	
Section 17 Township	20		Range	37		лр <u>м,</u>	Le	a		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing	Gas	Address (Give address to which approved copy of this form is to be sent)									
El Paso Natural Gas C		P. O. Box 1492, El Paso, Texas									
If well produces oil or liquids,					ls gas actually		When				
rive location of tanks.	i i i i			1	Yes		i				
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		_,			·						
	\sim	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Trial Darth		<u> </u>	l !			
Date Spudded	Date Com	pl. Ready to	D PTOC.		Total Depth			P.B.T.D.			
		Top Oil/Gas 1	Pav								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						-,		Tubing Dept	Tubing Depth		
Perforations					1			Denth Casin	Depth Casing Shoe		
		UBING.	CASI	NG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE						DEPTH SET			SACKS CEMENT		
	1									······································	
V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after r	· · · · · · · · · · · · · · · · · · ·		of load	oil and musi	· · · · · · · · · · · · · · · · · · ·				for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Te	a.			Producing Me	ethod (Flow, p	ump, gas lift,	etc.)			
					Cuito Dava				Choke Size		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Cloke Size		
					Water - Bbis			Gar. MCE	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				TRUE DOIL						
					<u> </u>		· · · ·	1	<u> </u>		
GAS WELL										<u> </u>	
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
	Tubing Pressure (Shu-in)				Casing Pressure (Shut-in)				Choke Size		
Testing Method (pilot, back pr.)	LOUND LESSUE (OUR-D)				Casing Pressure (Snut-In)			Choke Size	Choke Size		
	1	·				••••••••••••••••••••••••••••••••••••••	······································	1			
VI. OPERATOR CERTIFIC				NCE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION SEP 2 1 1989						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						_		SEP &	, 1 1983	1	
IS DIV. BID CONTRACT IN ALL DAY OF MY AND THE POINT					Date Approved						
Su, and							_				
					By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature S. W. Small District Superintendent					 .	DISTRICT I SUPERVISOR					
Printed Name Title					Title	۰.					
	<u>505 393</u>		1 -							<u> </u>	
Date Telephone 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 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.

RECEIVED

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