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DISTRICT II P.O. Drever DD, Annala, NM \$2210

State of New Mexico F gy, Minerals and Natural Resources Departmy

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brians Rd., Aster, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATK	-
	M
TO TRANSPORT OIL AND NATURAL GAS	

							Well Y	1 Na.			
Amerada Hess Corpor	<u>ation</u>							30-0	25-0856	1	
Address											
Drawer D, Monument,	New Mexi	ico i	88265								
Reason(s) for Filing (Check proper box)	-		_		X Othe	t (Please explai	in)				
			Françorte	r of:							
Recompletion	Oil		Dry Gas	Ц	Effe	ctive 11	-1-93				
Change in Operator	Casingheed G		Condensat	<u>• U</u>							
f change of operator give same ad address of previous operator											
L DESCRIPTION OF WELL	ANDIELCI	5									
Lasse Name	and the second se	_	Deal Mag	. Includia			N'- 4			<u> </u>	
State WE "A"	Well No. Pool Name, Iscludin 1 Eumont Ya							Kind of Lease State, Federal or Fee		Lease No.	
		<u>_</u>	Eulino	ont ra	tes /kų				<u>E-3</u>	94	
Unit Letter F	. 10	980		- N	orth .	. 1	000		Mont		
	_ : <u>+</u> _	/00	Feet From	The	orth Lim	1 bas	<u>980</u> F ee	t From The	West	Line	
Soction 12 Township	p 21S		Range	35E	. NR	(PM)		Lea		County	
	·			<u>Q.V L</u>				Lea		county	
II. DESIGNATION OF TRAN	SPORTER	<u>of oi</u>	LAND	NATU							
Name of Authorized Transporter of Oil		Condeas	inte [-]	Address (Giw	address to wh	ich approved	copy of this f	orm is to be se	ini)	
EOTT Oil Pipeline C					<u>P.O.</u>	<u>30x 4666</u> ,	Houstor	n, Texas	77210	<u>- 4666</u>	
Name of Authorized Transporter of Casing		X	or Dry Ga	u 🔲		e address to wh				ent)	
GPM Gas Corporation		·			<u> 4001 F</u>	<u>enbrook</u> ,			79762		
If well produces oil or liquids, rive location of tanks.	Unit So F		Twp.			connected?	When	1			
		12	215	35E	Yes					·····	
this production is commingled with that in V. COMPLETION DATA	from any other i	ease or p	xool, give o	commingli	ng order sumt	xer:	·				
	5	il Well		well	New Well	Workover				bin bi	
Designate Type of Completion	- (X)				110 1101	w orkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. 1	leady to	Prod.		Total Depth		LI	P.B.T.D.	I	1	
					-			1.0.1.0.			
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation Performations					Top Oil/Gas 1	hy		Tubing Dep	ch		
					1						
								Depth Casir	g Shoe		
									•		
	TUI	BING,	CASING	J AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE	CASIN	GATU	BING SIZ	?E		DEPTH SET			SACKS CEM	ENT	
								1			
V. TEST DATA AND DEQUES	T FOD ALL		DIE				······				
DIL WELL (Test must be after r	recovery of solal			and must	be equal to or	exceed top allo	nwable for this	depth or be	for full 24 hou	r 3.)	
OIL WELL (Test must be after r				and musi	be equal to or Producing Me	exceed top allo whod (Flow, pu	nwable for this mp. gas lift, e	depth or be	for full 24 hou	rt.)	
DIL WELL (Test must be after r Date First New Oil Rus To Taak	Date of Test	volume (and must	Producing Me	thod (Flow, pu	mable for this mp, gas lift, et	ic.)	for full 24 hos	r1.)	
OIL WELL (Test must be after r	recovery of solal	volume (and must	be equal to or Producing Me Casing Press	thod (Flow, pu	nwable for this mp, gas lýt, et	depth or be ic.) Choke Size	for full 24 hou	er.)	
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DIL WELL (Test must be after r Date First New Oil Rus To Tank 	Date of Test Tubing Press Oil - Bbls.		of load oil	and must	Producing Me Casing Press. Water - Bbis. Bbis. Conden	sale/MMCF	rmable for this mp. gas lýt, ei	Choke Size Gas- MCF Cravity of (ondep sale	73.)	
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DIL WELL (Test must be after r Date First New Oil Rus To Taak Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D feeting Method (pirot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and result	Covery of total Date of Test Tubing Preserve Oil - Bbls. Length of Test Tubing Pressue ATE OF C	re (Shut-	n load oil		Producing Me Casing Press. Water - Bbls. Bbls. Conden Casing Press.	ethod (Flow, pu ire sate/MMCF ire (Shut-ia)	mp, gas lift, e	Choke Size Gas- MCF Gravity of C Choke Size	ondep cate		
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- 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.