

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

## OIL CONSERVATION DIVISION

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

DISTRICT III  
1000 Rio Grande Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |  |   |
|---|--|---|
| Operator<br>Amerada Hess Corporation  |  | Well API No.<br>30-025- <del>03388</del> <sup>23549</sup> |
| Address<br>Drawer D, Monument, New Mexico 88265   |  |   |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 11-1-93<br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |   |
| If change of operator give name and address of previous operator _____  |  |   |

### II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                    |
|---|---------------|--|--|--------------------|
| Lease Name<br>State WE "F"  | Well No.<br>4 | Pool Name, Including Formation<br>Eumont Yates 7RQ | Kind of Lease<br>State, Federal or Fee | Lease No.<br>E-393 |
| Location<br>Unit Letter <u>K</u> : <u>3420</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line<br>Section <u>1</u> Township <u>21S</u> Range <u>35E</u> , NMPM, Lea County |               |  |  |                    |

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |           |             |             |                                   |       |
|---|---|-----------|-------------|-------------|-----------------------------------|-------|
| Name of Authorized Transporter of Oil<br>EOTT Oil Pipeline Co. <sup>Effective 11-94</sup> <input checked="" type="checkbox"/>                         | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4666, Houston, Texas 77210 - 4666              |           |             |             |                                   |       |
| Name of Authorized Transporter of Casinghead Gas<br>Sid Richardson <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>76102 1ST. City Bank Tower, 201 Main St., Ft. Worth, TX |           |             |             |                                   |       |
| If well produces oil or liquids, give location of tanks.  | Unit<br>N   | Sec.<br>1 | Twp.<br>21S | Rge.<br>35E | Is gas actually connected?<br>Yes | When? |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

### IV. COMPLETION DATA

|                                     |                             |          |                 |          |                   |           |            |            |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X)  | Oil Well                    | 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 Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

### V. TEST DATA AND REQUEST FOR ALLOWABLE

|   |                 |   |            |
|---|-----------------|---|------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) |                 |   |            |
| Date First New Oil Rse To Tank  | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test  | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Signature  
R.L. Wheeler Jr. Supv. Admin. Svc.  
Printed Name  
11-01-93 Title  
Date 505-393-2144  
Telephone No.

### OIL CONSERVATION DIVISION

NOV 18 1993

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

### 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.