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State of New Mexico F ty, Minerals and Natural Resources Departmr

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT B P.O. Drawer DD, Astesia, 104 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	<u> </u>	OTHA	NSP	OHI OII	AND NA	TURAL GA		Wall API	No		0//	-110	
Amerada Hess Corpor					30-025-03383								
Address Drawan D. Monument	Now Mov	O	026			**************************************				020			
Drawer D, Monument, Reason(s) for Filing (Check proper box)	New Mex	1CO 8	8265)	X Oth	et (Please expl	sia)					· · · · · · · · · · · · · · · · · · ·	_
New Well	•	Change is			W 96.	er in mana exten	<i></i>						
Recompletion	Oil		Dry G		Effe	ctive 11-	-1-93	}					
Change is Operator I change of operator give same	Casinghead	Gas 📋	Conde	- was								···	
and address of previous operator			•		······································					·····			
I. DESCRIPTION OF WELL													
State WE "F"		_	ı		ing Formation		1	Kind of I			L	ase No.	
Location		4	Lum	ont Ya	tes 7RQ	······································		State, Foo		-	E-39	3	_
Unit Letter K	: 34	420	Food P	men The No	orth	e and19	980	.	From The	Wa	c+		
1 _						- 100		1-001	rom lbi	<u> </u>	36	Lis	xe
Section 1 Towns	i e 215		Range	35E	N	MPM,			.ea		··	County	
II. DESIGNATION OF TRA	NSPORTER	OF O	LAN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Coodea	sule.	ſΧ	Address (Giv	e address to wi							\neg
EOTT Oil Pipeline C Name of Authorized Transporter of Casi		ray		gas X	P.O.	Box 4666	, Ho	ustor	, Tex	kas 7	7210	- 466	6
Sid Richardson		rai ()	u biy	/ (V)	1ST.	e <i>oddress to wi</i> City Bar	<i>Nich app</i> Ik To	≠oved cop war	<i>py of th</i> ü 2∩1 N	i <i>formi</i> i Main	60 be se S+	7610)2
If wall produces oil or liquida, give location of tanks.			Twp.	Rge	Is gas actual	y connected?		When?	201 1	ia i ii	<u> </u>	TC. WC	<u></u>
·	I N I		<u> 215</u>	35E	Yes		<u>i</u>						
this production is commingled with the V. COMPLETION DATA	i from any othe	ricase or j	pool, gi	ve comming	ling order num	ber:		·					
	95	Oil Well		Gas Well	New Well	Workover	Dec	pen F	lug Baci	t Same	Recy	Diff Res'v	
Designate Type of Completion Data Spudded		<u> </u>	_!_		İ	i	<u>i </u>					1	
Sale Spiceson	Date Compt	. Kendy to	riod.		Total Depth			P	.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay			Tubing Death				
Perforations									Tubing Depth				
renormons .								D	epth Cas	ing Sho	:		\neg
	71	IRING	CASI	NG AND	CEMENTI	NG RECOR							
HOLE SIZE	CAS	ING & TU	BING	SIZE	CLIVILIATI	DEPTH SET	<u>n</u>			SACK	S CEM	ENT	
	-									SHON	J OEMA		
	 				 								
					 								
TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	· · · · · · · · · · · · · · · · · · ·	. <u></u>		· · · · · · · · · · · · · · · · · · ·						J
OIL WELL (Test must be after Date First New Oil Rus To Tank	Date of Test	ul volume o	of load	oil and must	be equal to or	exceed top allo	mable f	for this de	pth or b	e for full	24 hour	T.)	
•	Date Of 168				Producing M	thod (Flow, pu	emp, gas	t lift, etc.)					
length of Test	Tubing Press	Tubing Pressure			Casing Pressure			C	Choke Size				
Actual Prod. During Test	Oil - Bbls			· · · - · -									
The second secon	Ou - Boir				Water - Bbis.			G	as- MCF				
GAS WELL		T			<u> </u>		·						
Ictual Prod. Test - MCF/D	Length of Te	a			Bbls. Conden	use/MMCF		10	ravity of	7			,
								٦	TAVILY OF	Conneg	1215		
osting Method (pitot, back pr.)	Tubing Press	ure (Shut-	m)		Casing Press	re (Shut-in)		C	hoke Siz	ē			
I. OPERATOR CERTIFIC	ATE OF	COLOR		100	<u> </u>								
I hereby certify that the rules and requi	lations of the O		!		(OIL CON	ISE	۳۸/۱۶	ION	יום	1010	. 1	
Division have been complied with and is true and complete to the best of my	that the inform		a apove	:			N.	ov 1	N 101	03	1310	111	
O O I A A	Enowiedge and	belief.			Date	Approve		UVI	0 13	J J			
K EW July 4						· ,PP1.0461	-				······		
Signature R.L. Wheeler Jr.	· -				By_	original s	<u>IGN</u> E	<u>9 8</u> Y J8	RRY S	EXTOR	J		
- 1 00000100 10	<u>Supv. Adr</u>	nin C	VC		11			SUPER					
Printed Name	supr. Au				II	DIST		2.0.	FIJUK				
Printed Name 11-01-93		-393-2	Title		Title				913 C K				

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.