Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

**I.**

| Operator | Well API No. |
|---|---|
| ARCO OIL AND GAS COMPANY | 30-025-11721 |

Address: BOX 1710, HOBBS, NEW MEXICO 88240

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain) [ ]: CHANGE OF OPERATOR EFFECTIVE 6/01/91 AT 7:00 A.M. MDT.

If change of operator give name and address of previous operator: AMERADA HESS CORPORATION, DRAWER D, MONUMENT, NM 88265

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
|---|---|---|---|---|
| IDA WIMBERLY | 11 | LANGLIE MATTIX SRQ | FEE | |

Location: Unit Letter L : 660 Feet From The WEST Line and 1980 Feet From The SOUTH Line

Section 24 Township 25S Range 37E , NMPM, LEA County

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

| Name of Authorized Transporter of Oil [ ] or Condensate [ ] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| | |
| Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X] | Address (Give address to which approved copy of this form is to be sent) |
| EL PASO NATURAL GAS COMPANY | P. O. BOX 1492, EL PASO, TX 79978 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | | | | | YES | |

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 Run 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 (pitot, 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: James D. Cogburn, Administrative Supervisor
Printed Name: 6/14/91
Title: 392-1600
Date / Telephone No.

## OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

| Operator | | | Lease | | | Well No. |
|---|---|---|---|---|---|---|
| AMERADA HESS CORPORATION | | | IDA WIMBERLEY | | | 11 |
| Location of Well | Unit | Sec | Twp | Rge | County | |
| | L | 24 | 25 | 37 | LEA | |

| | Name of Reservoir or Pool | Type of Prod (Oil or Gas) | Method of Prod (Flow, Art Lift | Prod. Medium (Tbg or Csg) | Choke Size |
|---|---|---|---|---|---|
| Upper Compl | LANGLIE MATTIX SR-QU-GB | GAS | FLOW | TBG. | 2" |
| Lower Compl | JUSTIS BLINEBRY | OIL | FLOW | TBG. | 48/64" |

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 2-25-91

Well opened at (hour, date): 9:00 AM 2-26-91

| | Upper Completion | Lower Completion |
|---|---|---|
| Indicate by ( X ) the zone producing | X | |
| Pressure at beginning of test | 40 | 410 |
| Stabilized? (Yes or No) | YES | YES |
| Maximum pressure during test | 40 | 410 |
| Minimum pressure during test | 20 | 410 |
| Pressure at conclusion of test | 20 | 410 |
| Pressure change during test (Maximum minus Minimum) | 20 | ---- |
| Was pressure change an increase or a decrease? | DEC. | ---- |

Well closed at (hour, date): 9:00 A.M. 2-27-91 Total Time On Production 24 HRS.

Oil Production During Test: 0 bbls; Grav. --- ; Gas Production During Test 127 MCF; GOR --------

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 2-28-91

| | Upper Completion | Lower Completion |
|---|---|---|
| Indicate by ( X ) the zone producing | | X |
| Pressure at beginning of test | 40 | 410 |
| Stabilized? (Yes or No) | YES | YES |
| Maximum pressure during test | 40 | 410 |
| Minimum pressure during test | 40 | 40 |
| Pressure at conclusion of test | 40 | 40 |
| Pressure change during test (Maximum minus Minimum) | -- | 370 |
| Was pressure change an increase or a decrease? | -- | DECREASE |

Well closed at (hour, date) 9:00 AM 2-28-91 Total time on Production 24 HRS.

Oil Production During Test: 5 bbls; Grav. 5 ; Gas Production During Test 186 MCF; GOR 37200

Remarks

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19____
New Mexico Oil Conservation Commission

By _____

Title _____

Operator AMERADA HESS CORPORATION

By E. A. Hadell

Title MAINTENANCE SPECIALIST

Date 3/7/91