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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reasons for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<u>Split Connection on both oil & gas</u>
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>Eunice Monument South Unit</u>	Well No. <u>425</u>	Pool Name, including Formation <u>Eunice Monument G-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Unit Letter <u>M</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>West</u>
Line of Section <u>15</u>	Township <u>215</u>	Range <u>36E</u>	, N.M.P.M., Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>ECO, Shell, & Texas New Mexico Pipeline</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum & Phillips 66 Natl Gas Corporation</u>	
Well produces oil or liquids, give location of tanks.	Unit: <u>M</u> Sec: <u>4</u> Twp: <u>215</u> Rce: <u>36E</u>
Is gas actually connected?	When
<u>yes</u>	<u>unknown</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

[Signature]
New Mexico Area Superintendent

(Date)
1-27-87

OIL CONSERVATION DIVISION
JAN 30 1987

APPROVED _____, 19____

BY _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
Is Sounded	Date Compl. Ready to Prod.		Total Depth			P.S.T.D.		
Locations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Locations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Kind of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Kind of Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

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JAN 29 1987
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