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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A., Inc.	Well API No. 30-025-04275
Address P.O. Box 1150 Midland, TX 79702I	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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 Eunice Monument South Unit B	Well No. 886	Pool Name, Including Formation Eunice Monument GB/SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM-1151
Location				
Unit Letter L	2310	Feet From The South	Line and 990	Feet From The West
Section 14	Township 20S	Range 36E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150, Midland, TX 79701				
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Co. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit 14	Sec. 22S	Twp. 36E	Rge. 36E	Is gas actually connected? Yes	When? 06-06-91

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 x	Gas Well	New Well	Workover	Deepen x	Plug Back	Same Res'v	Diff Res'v
Date Spudded /deepened 5/27/91	Date Compl. Ready to Prod. 6/2/91		Total Depth 4111'		P.B.T.D. 4111'			
Elevations (DF, RKB, RT, GR, etc.) 3568'	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3735'		Tubing Depth 4098'			
Perforations 3735' - 4111' Open Hole					Depth Casing Shoe 3735'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
Unk.	10 3/4"		254'		225 sx			
Unk.	7 5/8"		1299'		425 sx			
Unk.	5 1/2"		3735'		425 sx			
	2 7/8" Tbg.		4098					

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.)

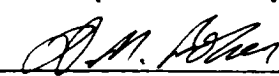
Date First New Oil Run To Tank 6/6/91	Date of Test 6/10/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 45 psi	Casing Pressure 45 psi	Choke Size N. A.
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 62	Gas- MCF 35

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
D. M. Bohon Technical Assista
Printed Name
6/14/91 Title
(915) 687-7148
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 17 1991
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.

RECEIVED

JUN 17 1991

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