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 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**  
 Chevron U.S.A. Inc. Well API No. 30-025-04289  
 Address: P.O. Box 1150, Midland, Texas 79702  
 Reason(s) for Filing (Check proper box)  
 New Well  Change in Transporter of:  Other (Please explain)  
 Recompletion  Oil  Dry Gas  Well was an oil well now will be  
 Change in Operator  Casinghead Gas  Condensate  reclassified to injection well status.  
 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. 916	Pool Name, including Formation Eunice Monument GB/SA	Kind of Lease State, Federal or Foreign	Lease No.
Location Unit Letter <u>K</u> : 1980 Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>20 S</u> Range <u>36E</u> , NMPM, Lea County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N.A. Injection Well	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   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
workover began					XX			
Date: 2/18/91	Date Compl. Ready to Prod. 4/3/91		Total Depth 4450'		P.B.T.D. 4450'			
Elevations (DF, RKB, RT, GR, etc.) 3583' DF	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3824'		Tubing Depth 3730'			
Perforations 3824'-3884'					Depth Casing Shoe 3885'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
unk.	8 5/8"	1350'	800 sx Surf
unk.	5 1/2" #15.5	3885'	500 sx TOC@ 83' Calc
	2 3/8" tubing	3730'	

**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 (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.

*D. M. Bohon*  
 Signature D. M. Bohon Technical Assistant  
 Printed Name 4/10/91 Title (915) 687-7148  
 Date                      Telephone No.                     

**OIL CONSERVATION DIVISION**

Date Approved APR 12 1991  
 By ORIGINAL SIGNATURE OF DISTRICT DIRECTOR  
 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.