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Appropriate District Office
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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

RECEIVED
OIL CONSERVATION DIVISION
JUN 24 AM 9 40

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

Operator: Chevron U.S.A., Inc. Well API No. 30-025-04302

Address: P.O. Box 1150 Midland, TX 79702

Reason(s) for Filing (Check proper box):
 New Well Other (Please explain)
 Recompletion Change in Transporter of:
 Change in Operator Oil Dry Gas
 Casinghead Gas Condensate

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. 918 Pool Name, Including Formation: Eunice Monument GB/SA Kind of Lease: State Lease No. _____

Location: Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 23 Township 20S Range 36E , NMPM Lea _____ County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Shell PipeLine/Arco PipeLine or Condensate Address (Give address to which approved copy of this form is to be sent): Box 1910, Midland, TX/Box 1610, Midland, TX

Name of Authorized Transporter of Casinghead Gas: Phillips 66 Nat Gas/Warren Pet or Dry Gas Address (Give address to which approved copy of this form is to be sent): 19924001 Penbrook, Odessa, TX/Box 1589, Tulsa, OK

If well produces oil or liquids, give location of tanks: _____ Unit _____ Sec. _____ Twp. _____ Age _____

Is gas actually connected? Yes When? 12/1/90

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 (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: J. K. Ripley
 Name: J. K. Ripley Tech Assistant
 Date: 11/11/91 Title: _____
 Phone: (915)687-7148 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved: NOV 14 1991

By: ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

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.