

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. 30-025-04311
Address P.O. Box 1150 Midland, TX 79701	
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. 911	Pool Name, Including Formation Eunice Monument GB/SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM - 62666
Location				
Unit Letter J	: 1980	Feet From The South	Line and 1980	Feet From The East
Section 24	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 1910, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas Phillips / Warren <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX./P.O. Box 1589, Tulsa OK				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Twp. 20S	Rge. 36E	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 x	Gas Well	New Well	Workover	Deepen x	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/22/91	Date Compl. Ready to Prod. 4/28/91	Total Depth 3950'		P.B.T.D. 3950'				
Elevations (DF, RKB, RT, GR, etc.) 3551' DF	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3651'		Tubing Depth 3853'				
Perforations 3651' - 3950' Open Hole						Depth Casing Shoe 3745'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
Unk.	13"		288'		200sx			
Unk.	9 5/8" 36#		483'		600sx			
Unk.	7" 22#		3745'		300sx			
Unk.	2 7/8" Tbg.		3853'		N.A.			

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.)

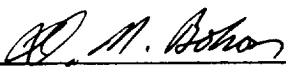
Date First New Oil Run To Tank 4/30/91	Date of Test 5/2/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure 40	Casing Pressure 40	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 151	Gas- MCF 25

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
Printed Name
6/28/91
Date

Tech. Assistant
Title
(915) 687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 01 1991
By Paul Kautz
Orig. Signed by
Geologist
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.

JUL 01 1991
CITY
MUNICIPAL OFFICE