State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator	Well API No.
Chevron U.S.A., Inc.	30 - 025-29957

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

Reason (s) for Filling (check proper box)   Other (Please explain)

New Well	☐	Change in Transporter of:		
Recompletion	☐	Oil ☐ Dry Gas ☒		
Change in Operator	☐	Casinghead Gas ☐ Condensate ☐		

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Eunice Monument South Unit	123	Eunice Monument G-SA		

Location

Unit Letter ___N___ : _0660_ Feet From The **South** Line and _2287_ Feet From The **West** Line

Section **25** Township **20S** Range **36E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
EOTT Energy Pipeline LP EOTT Oil Pipeline Co. Effective 1-1-94, Arco Tex-New Mex Pipeline ☒	☐	P.O. Box 4666, Houston, TX 77210-4666, Suite 2604

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☑	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 ? Yes	When ? Unknown

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	Plugback	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		

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 press.)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

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

J. K. Ripley   T.A.
Printed Name   Title
11/30/93   (915)687-7148
Date   Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 15 1993

By ___ORIGINAL SIGNED BY JERRY SEXTON___
Title   DISTRICT I SUPERVISOR

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