

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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ILE	
S.O.S.	
AND OFFICE	
PERATOR	

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO ACCEPT OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER-

Operator
Chevron U.S.A. Inc.

Address of Operator
P. O. Box 670, Hobbs, NM 88240

Location of Well
LETTER m 660 FEET FROM THE South LINE AND 660 FEET FROM

West LINE, SECTION 11 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name
Eunice Monument South Unit
8. Farm or Lease Name
Eunice Monument South Unit

9. Well No. 347

10. Field and Pool, or Wildcat
Eunice Monument G-SA

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

REMEDIAL WORK
PARTIALLY ABANDON
ALTER CASING
PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
ALTERING CASING
PLUG AND ABANDONMENT
OTHER inspected for csg risers to surf

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed operations) SEE RULE 1703.

Risers have been inspected by OCD personnel.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Paul Kautz TITLE New Mexico Area Supt. DATE 2/24/87
Orig. Signed by
Paul Kautz
Geologist
DATE MAR 6 1987

OTHER APPROVALS, IF ANY:

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	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-31-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Sections for listing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Crackinghead Gas	<input type="checkbox"/> Condensate

Split Connection on both oil & gas

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eunice Monument South Unit</u>	Well No. <u>347</u>	Pool Name, including Formation <u>Eunice Monument G-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Section <u>11</u>	Unit Letter <u>M</u>	Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section	Line of Section <u>11</u>	Township <u>21S</u>
		Range <u>36E</u>	County <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate: <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>ECO, Shell, & Texas New Mexico Pipeline</u>	
Name of Authorized Transporter of Crackinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>GPM Gas Corporation</u>	
Effective Date: <u>February 1, 1992</u>	
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: <u>M</u> Sec: <u>4</u> Twp: <u>21S</u> Rce: <u>36E</u>	yes unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
New Mexico Area Superintendent
1-27-87
(Date)

OIL CONSERVATION DIVISION
JAN 30 1987

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of operation.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reary.	Diff. Reary.
Is Sounded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RKS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Locations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE - -	DEPTH SET	SACKS CEMENT -

TEST DATA AND REQUEST FOR ALLOWABLE (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)

WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (plug, back pr.)	Tubing Pressure (start - Ls)	Casing Pressure (start - Ls)	Choke Size

RECEIVED
 JAN 29 1987
 OCD
 HOBBS OFFICE