

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain) <u>Split Connection on both oil & gas</u>
☐ Recompletion	☒ Oil	
☐ Change in Ownership	☒ Casinghead Gas	
	☐ Dry Gas	
	☐ Condensate	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eunice Monument South Unit</u>	Well No. <u>200</u>	Pool Name, including Formation <u>Eunice Monument G-SA</u>	Kind of Lease <u>State</u>	Lease No.
Location <u>Unit Letter <u>E</u> : <u>19th</u> 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u></u>				
Line of Section <u>4</u>	Township <u>21S</u>	Range <u>36E</u>	Lea <u>NMPM</u>	County

II. 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)
<u>ARCO, Shell, & Texas New Mexico Pipeline</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum & Phillips Petroleum GPM Gas Corporation</u>	
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit <u>F</u> Sec. <u>4</u> Twp. <u>21S</u> Rge. <u>36E</u></u>	<u>yes</u> <u>unknown</u>

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

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

CERTIFICATE OF COMPLIANCE

crebly 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 knowledge and belief.

Elvin Allen for CLM
(Signature)
New Mexico Area Superintendent
12-12-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 7 1987, 19____
BY Paul Kautz
Orig. Signed by
Geologist
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 condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Reary.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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 -

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)

Date 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
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