

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04650
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (<i>check proper box</i>)		☐ Other (<i>Please explain</i>)
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
If chance of operator give name and address of previous operator		

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Eunice Monument South Unit	385	Eunice Monument G-SA		
Location				
Unit Letter E	: 1980	Feet From The North	Line and 660	Feet From The West Line
Section 15	Township 21S	Range 36E	, NMPM, Lea	County

Name of Authorized Transporter of Oil ☒ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
EOTT Oil Pipeline Co., ARCO, Texas-New Mexico Pipeline					P.O. Box 4666, Houston, TX 77210-4666, Suite 2604	
Name of Authorized Transporter of Casinghead Gas ☐ or D y Gas ☐					Address (Give address to which approved copy of this form is to be sent)	
EOTT Energy Pipeline LP						
If well produces oil or liquids give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected ?
Effective 4-1-94						Yes
						When ?
						Unknown

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

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			
Peforations						Depth Casin; g			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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

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	T.A.
Printed Name	Title
12/8/93	(915)687-7148
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 03 1994

By ~~ORIGINAL SIGNED BY JERRY SEXTON~~

Title DISTRICT I SUPERVISOR

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.

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