

**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**

Operator Chevron U.S.A., Inc.		Well API No. 30-025-04296
Address P.O. Box 1150 Midland, TX 79702I		
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. 921	Pool Name, Including Formation Eunice Monument GB/SA	Kind of Lease State, Federal or Fee Federal	Lease No. Unk.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>20S</u> Range <u>36E</u> , <u>NMPM</u> , 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 TX 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 1	Sec. 23	Twp. 20S	Rge. 36E	Is gas actually connected? Yes	When? 6/20/91

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 deepened 6/11/91	Date Compl. Ready to Prod. 6/19/91		Total Depth 4120'			P.B.T.D. 4120'		
Elevations (DF, RKB, RT, GR, etc.) 3566'	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3746'			Tubing Depth 4073'		
Perforations 3746' - 4120' Open Hole						Depth Casing Shoe 3746'		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
Unk.	10 3/4"		261'			250 sx		
Unk.	7 5/8"		1216'			425 sx		
Unk.	5 1/2"		3746'			425 sx		
	2 3/8" Tbg.		4073'					

**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.)

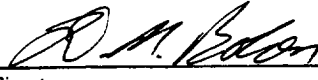
Date First New Oil Run To Tank 6/22/91	Date of Test 6/25/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 55	Casing Pressure 55	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 2	Water - Bbls. 14	Gas- MCF 15

**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 Tech. Assistant  
 Printed Name 7/9/91 Title (915) 687-7148  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved   
 By ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 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.

RECEIVED

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