

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
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Chevron U.S.A. Inc.

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

Reason(s) for filing (Check proper box)

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Evie Monument Well</i>	Well No. <i>100</i>	Pool Name including formation <i>Traylor & A</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No.
Location Unit Letter <i>B</i> : <i>1660</i> Feet From The <i>North</i> Line and <i>2170</i> Feet From The <i>East</i>				
Line of Section <i>30</i> Township <i>20S</i> Range <i>37E</i> , NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Area Area & Lisa, NMP Petroleum</i>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips 166 & 171 St. GPM Gas Corporation</i>	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 <i>M</i>	Sec. <i>4</i>	Twp. <i>21S</i>	Rge. <i>36E</i>
	Is gas actually connected?		When	
	<i>yes</i>		<i>unknown</i>	

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.

VI. 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.

Elvin Allen for CLM
(Signature)
New Mexico Area Supt.
(Title)
10-28-87
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 4 1987, 19____

BY Orig. Signed by Paul Kautz
Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowables 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 Reservoir	Other
		X		X					
Date Spudded 6-28-87	Date Compl. Ready to Prod. 9-12-87		Total Depth 4000			P.B.T.D. 3938			
Elevations (DF, RKB, RT, CR, etc.) 3524.8	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations 3646-76, 3688-98, 3714-28, 3772-80-3840-74, 3866-84 (64 holes) 10HPF 180° phase 4" guns		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8		1081			7005x CL C 2 1/2			
7 7/8	5 1/2		4000			114005x CL C 2 1/2			
						713505x CL C 2 1/2			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-19-87	Date of Test 10-15-87	Producing Method (Flow, pump, gas lift, etc.) pump		
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size 2" w.c.	
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls.	Gas - MCF 16	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

NOV 9 1987
 HOBBBS OFFICE