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Appropriate District Office  
**DISTRICT I**  
P. O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**DISTRICT II**  
P. O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**I.**

Operator <b>Chevron U.S.A., Inc.</b>		Well API No. <b>30 - 025-29837</b>
Address <b>P. O. Box 1150, Midland, TX 79702</b>		
Reason (s) for Filling (check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If chance of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Eunice Monument South Unit</b>	Well No. <b>875</b>	Pool Name, Including Formation <b>Eunice Monument G-SA</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>G</b>	: <b>2130</b>	Feet From The <b>North</b>	Line and <b>1780</b>	Feet From The <b>East</b> Line
Section <b>18</b>	Township <b>21S</b>	Range <b>36E</b>	, NMPM,	Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>EOTT Oil Pipeline Co., ARCO, Texas-New Mexico Pipeline</b>	Address <b>P.O. Box 4666, Houston, TX 77210-4666, Suite 2604</b>					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input type="checkbox"/> <b>EOTT Energy Pipeline LP</b>	Address <b>Effective 4-1-94</b>					
If well produces oil or liquids, give location of tank	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					<b>Yes</b>	<b>Unknown</b>

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	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		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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	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 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.

*J. K. Ripley*  
Signature  
**J. K. Ripley**  
Printed Name  
**12/8/93**  
Date

T.A.  
Title  
**(915)687-7148**  
Telephone No.

**OIL CONSERVATION DIVISION**  
**FEB 03 1994**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title **DISTRICT I SUPERVISOR**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C - 104 must be filed for each pool in multiply completed wells.