

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:	
<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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Curie Monument North</i>	Well No. <i>100</i>	Pool Name <i>Curie Monument North</i>	Kind of Lease State, Federal or Fee <i>State</i>	Lease No.
Location Unit Letter <i>B</i> : <i>660</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>Arco Alcoa & Texas Perm Pipeline</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 66 Natl Gas</i>	Address (Give address to which approved copy of this form is to be sent)
EFFECTIVE: February 1, 1992 GPM Gas Corporation	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<i>M 4 21S 36E</i> <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 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 Res'v.	Diff. Res'v.
		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 3666-76, 3688-98, 3714-28, 3772-80-3840-44, 3866-84 (64 holes) 1WHPF, 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 CLC Circ Surr				
7 7/8	5 1/2		4000		154005x CLC " " "				
					713505x CLC " " "				

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 top 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/o
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 137	Gas-MCF 16

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

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