

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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. 30-025-04198
Address P.O. Box 1150 Midland, TX 79702		
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. 853	Pool Name, Including Formation Eunice Monument GB/SA	Kind of Lease State, Federal or Fee Fee	Lease No. N/A
Location Unit Letter A : 660 Feet From The North Line and 330 Feet From The East Line Section 10 Township 20 S Range 36 E , NMPM, Lea 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"/> Arco Oil & Gas Pipeline Co	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1610 Midland, Tx. 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips / Warren Petroleum	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 H	Sec. 10
	Twp. 20 S	Rge. 36 E
	Is gas actually connected? Yes	When? 12/29/90

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/29/36	Date Compl. Ready to Prod. 07/16/91	Total Depth 4150	P.B.T.D. 4150					
Elevations (DF, RKB, RT, GR, etc.) 3600 D.F.	Name of Producing Formation Gra	Top Oil/Gas Pay 3740	Tubing Depth 4132					
Perforations 3903 - 4	TUBIN		Depth Casing Shoe 3740					
HOLE SIZE N/A	CASING & 11	SACKS CEMENT 225sxs (circ.)						
N/A	7	425sxs (circ.)						
N/A	2	425sxs (circ.)						
N/A		N/A						

Old  
Perfs

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL (Test must be after recovery of total volume)

Date First New Oil Run To Tank 07/22/91	Date of Test 08/0	s depth or be for full 24 hours.) etc.)	
Length of Test 24	Tubing Pressure N/A	Choke Size N/A	
Actual Prod. During Test -	Oil - Bbls. 8	Water - Bbls. 116	Gas- MCF 12

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 M.D. Hagner Tech. Assistant  
Printed Name 08/15/91 Title (915)687-7148  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1991

By \_\_\_\_\_

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.