

Form 3160-5  
(June 1990)

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well  
☐ Oil ☐ Gas ☐ Other **WATER INJECTION**

2. Name of Operator  
**CHEVRON U.S.A. INC.**

3. Address and Telephone No. **(915) 687-7436**  
**P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**SECTION 10, T-20-S, R-36-E**  
**2310' FSL & 330' FEL**  
**UNIT 1**

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.  
**NM-1151**

6. If Indian, Allottee or Tribe Name  
**N/A**

7. If Unit or CA, Agreement Designation  
**EMSUB**

8. Well Name and No.  
**EMSU-B #862**

9. API Well No.  
**30-025-04205**

10. Field and Pool, or Exploratory Area  
**EUNICE MONUMENT**

11. County or Parish, State  
**LEA CO. NEW MEXICO**

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12. TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

**CONVERT TO WATER INJECTION**

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other DPN, LOG & STIM.

☐ Change of Plane

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of available completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

WE PROPOSE TO:

POH W/RODS & TUBING. RIH WITH INJECTION PACKER & ON/OFF TOOL

ON 2-3/8" PLASTIC LINED TUBING, SET PACKER AT 3800'. TEST CASING, BEGIN INJECTION

SUBJECT TO  
LIKE APPLICABLE  
BY STATE

JUN 14 8 11 AM '93

RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed Nita Rice

Title **TECHNICAL ASSISTANT**

Date **6/11/93**

(This space for Federal or State office use)

Approved by (ORIG. SGO) JOE G. LARA

Conditions of approval, if any:

**PETROLEUM ENGINEER**

Title

Date **JUN 21 1993**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instructions on Reverse Side

*(continued)*

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JUN 22 1993

100-443886

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

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

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

|   |   |                                     |
|---|---|-------------------------------------|
| Operator<br>Chevron U.S.A., Inc.  |   | Well API No.<br>30-025-04205        |
| Address<br>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 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 change of operator give name and address of previous operator                        |   |                                     |

### II. DESCRIPTION OF WELL AND LEASE

|   |                 |   |  |           |
|---|-----------------|---|--|-----------|
| Lease Name<br>Eunice Monument South Unit B  | Well No.<br>862 | Pool Name, Including Formation<br>Eunice Monument GB/SA | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line<br>Section <u>10</u> Township <u>20S</u> Range <u>36E</u> , NMPM, Lea County |                 |   |  |           |

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

|  |  |   |      |      |  |                         |
|--|--|---|------|------|--|-------------------------|
| Name of Authorized Transporter of Oil<br>Shell PipeLine/Arco PipeLine <input checked="" type="checkbox"/>              | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>Box 1910, Midland, TX/Box 1610, Midland, TX   |      |      |  |                         |
| Name of Authorized Transporter of Casinghead Gas<br>Phillips 66 Nat Gas/Warren Pet <input checked="" type="checkbox"/> | or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br>4001 Penbrook, Odessa, TX/Box 1589, Tulsa, OK |      |      |  |                         |
| If well produces oil or liquids, give location of tanks.   | Unit                                   | Sec.  | Twp. | Rge. | Is gas actually connected?<br><u>yes</u> | When?<br><u>5/17/91</u> |

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 | Plug Back         | 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      |            |            |
| Perforations                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| 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 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.

J. K. Ripley  
Signature

J. K. Ripley

Tech Assistant

Printed Name

11/11/91

Title

(915)687-7148

Date

Telephone No.

### OIL CONSERVATION DIVISION

Date Approved

By

GRAND COUNTY OIL CONSERVATION SECTION

JOSEPH E. 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.