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

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

State of New Mexico rgy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Santa Fe, New Mexico 87504-2088

I		TO TRA	NS	POHI OIL	AND NA	UHAL GA						
Operator Chevron U.S.A., Inc.							Well API No. 30-025-04215					
Address	land, TX	79702	 21									
Reason(s) for Filing (Check proper box)					Othe	r (Please explo	iin)					
New Well		Change is	Trans	porter of:	_		•					
Recompletion	Oil		Dry									
Change in Operator	Casinghea	d Gas 🗵	Conc	leasate 🔲								
f change of operator give name												
and address of previous operator	ANDIE	A CVF								,		
BESCRIPTION OF WELL AND LEASE Well No. Pool Name, Included the Pool Name, In				Name, Includi	ng Formation		Kind of Lease State, Federal or Fee		ease No.			
Eunice Monument South, B	W/007				nument GB/SA			regeral or re	<u>'</u>			
Location									_			
Unit Letter O	:990		_ Feet	From The So	uth Line	and 1650	Fe	et From The .	East	Line		
Section 11 Township	, 2	os	Rang	36E	, NI	ирм,	 	Lea		County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil Arco Oil-8-Gas-Co.	X	or Conde			Address (Giv	e address to w				mt)		
1 34	elenie Bood Goo	رها	or D	ry Gas	P.O. Box 1610 Midland TX. 79702 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing PHILLIPS 66 NATL. GAS		FN PFT		ـــا	,	enbrook, C						
If well produces oil or liquids,				Twp. Rge. is gas actually connected?			Whea ?					
give location of tanks.	D	11	20			Ye s	L	1,	/21/91			
If this production is commingled with that i	from any oti	her lease or	pool,	give comming	ing order numl)er:						
IV. COMPLETION DATA		lo: w		Gas Well	New Well	Workover	Deepen	Dhua Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil Wel	u ;	Cas Mett	I MEM MEII	WOLKOVE	Deeber	i Ling Decr	Salie Res v			
Date Spudded	Date Compt. 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				
. 4.4.4.4.4												
	•	TUBING	, CA	SING AND	CEMENTI	NG RECOR	D C					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
							<u></u>	 				
	 				<u> </u>			 				
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V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E	<u>.L</u> -			<u></u>				
OIL WELL (Test must be after r	ecovery of t	otal volum	e of loc	ed oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 how	es.)		
Date First New Oil Run To Tank	Date of To				Producing M	sthod (Flow, p	ump, gas lift,	etc.)				
	This Program				Casing Pressure			Choke Size				
Length of Test	Tubing Pressure											
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
												
GAS WELL								16				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Tracks Maked 2-244 hours 1	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pilot, back pr.)	Aethod (pilot, back pr.) tubing Freedure (Snus-III)											
VL OPERATOR CERTIFIC						OIL CO	USERV	ΔΤΙΩΝ	DIVISIO	NC		
I hereby certify that the rules and regul Division have been complied with and	that the info	ormation gi	ervatio iven ab	a ove	1		40LI (V	/		<i>y</i> 1 7		
is true and complete to the best of my	knowledge i	ind belief.			Date	Approve	ed		Z. 63 P. 12	11		
KM X : W					11			-,				
1)L) 4)	much	Y			By_	ONG!	METAL	D RY JERR	Y SEXTON			
Signature B.G. Smith		Tech		sistant	11							
Printed Name 7/10/91		(915	Titl 687 (e 7148	Title							
Date			lephor									

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.