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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, Antesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088								or norms of Lafe			
DISTRICT III 1000 Rio Brazos Rd., Azec, NIM \$7410 I.		EST F	OR A	LLOWAE	BLE AND .	AUTHO						
Operator Chevron U.S.A. Inc		IO IN	NINOF	OH! OIL	AND NA	TUHAL	GA	Well A				
Address								30-	025-042	15		
P.O. Box 1150, Mid	lland, T	[exas	797	702							<u> </u>	
Reason(s) for Filing (Check proper box) New Well		Change is	Trace	porter of:		er (Please) If fecti		y) Date: 1	2/1/90			
Recompletion	Off		Dry C	344 <u> </u>	01d W	lell Na	me:	Sander	son A #			
Change in Operator Kill If change of operator give same	Casinghese								and cha	ange of o	perator	
• •) Bo	ox 1959.	Midland	I. Texa	18	79702		***		
IL DESCRIPTION OF WELL A	AND LEA	Well No.	Pool	Name, Includ	ing Formation		-	Kind o	(Lesse	la:	ım Na.	
Eunice Monument South Un	nit B	866W	/ 1		nument G	rayburg	g S.	A. 970,	Federal or Fer			
Location	990			(louth	4 14		_		Fact	••	
Unit Letter					South L				et Promi The _	Last	Line	
Section 11 Township	20S		Rang	• -	86E N	MPM.	- 1.	ea			County	
III. DESIGNATION OF TRANS				ND NATU								
Name of Authorized Transporter of Oil Arco Oil and Gas Co.	XX	or Coade	منحور						copy of this fi i, Texas	79702	d)	
Name of Authorized Transporter of Casing	head Gas	(XX)	or D	ry Cas 🔲						orm is to be ser		
Warren Petroleum Co. If well produces oil or liquids,	Unit	Sec	Twp	Rge				When		xico 88		
give location of tanks.	<u>i i</u>		<u> </u>	<u> </u>		·		i				
If this production is commingled with that I IV. COMPLETION DATA	from say oth	er leaso o	pool,	give comming	ling order sun	ober: _						
	~	OH We		Gas Well	New Well	Workov	ref	Despes	Plug Back	Same Res'v	Diff Res'y	
Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.				Total Depth	Total Depth				P.B.T.D.		
	1				Ton Oil/Ge	Top Oil/Gas Pay				Tables Death		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					lig discusso,				Tubing Depth			
Perforations									Depth Casi	Depth Casing Shoe		
	<u>_</u>	UBING	, CA	SING AND	CEMENT	ING RE	COR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT		
				<u> </u>	-							
V. TEST DATA AND REQUES	T FOR	ILLOY	ABL	E						***		
OIL WELL (Test must be after t	recovery of t	otal volum	e of loa	ed oil and me	st be equal to	or exceed to	op alle	mable for th	is depth or be	for full 24 hou	es.)	
Date First New Oil Run To Tank	Date of To				Producing	Method (Fi	ow, pu	mp, gas lift,				
Length of Test	Tubing Pressure				Casing Pro	Casing Pressure				Choks Size		
1 Del Delec Test	Oil - Bhis.				Water - Bbls.				Gas- MCF			
Actual Prod. During Test	Oil - Bois											
GAS WELL									Common of	Condensate		
Actual Frod Test - MCF/D	Leagth of Test				Bble. Cond	Bble. Condensets/MMCF						
Testing Method (pitet, back pr.)	Tubing Processo (Shot-in)				Casing Pressure (Shut-in)				Choks Siz	Choka Size		
VI. OPERATOR CERTIFIC) (N	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regul Division have been compiled with and	lations of the	Ol Com	ervetio	•			/ - (1)	19611	_	N 0 7 18		
is true and complete to the best of my	knowledge i	ind belief.			Da	te Appl	rove	d	₹ 5 5 4		701	
& M. Bohon						•						
Clanabase					Ву	<u>c</u>	Mily.			eo sexton Bor		
D.M. Bohon Printed Name	rechnic	al Ass	31St	ant	- []							
1/3/01	(915) (587-	7148	11 '''	·						

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

Date

1) 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.

Telephone No.