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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

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

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

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. 30-025-04217 |
| Address P.O. Box 1150, Midland, Texas 79702 | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Effective Date: 12/1/90 | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Old Well Name: Sanderson A #6 |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Filed to show unitization and change of operator |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |
| If change of operator give name and address of previous operator <u>Conoco Inc., P.O. Box 1959, Midland, Texas 79702</u> | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|---|---|-----------|
| Lease Name Eunice Monument South Unit B | Well No. 864 | Pool Name, including Formation Eunice Monument Grayburg S.A. | Kind of Lease State, Federal or Prop | Lease No. |
| Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>20S</u> Range <u>36E</u> , <u>NMPM</u> 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 and Gas Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1610, Midland, Texas 79702 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1909, Eunice, New Mexico 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |

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 - MCFD | 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 D.M. Bohon
Printed Name D.M. Bohon Technical Assistant
Date 12/6/90 Telephone No. (915) 687-7148

OIL CONSERVATION DIVISION

Date Approved 12/6/90

By Paul Kautz
Geologist

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 1104