Submit 5 Copier Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410

State of New Mexico Energy, Minerals and Natural Resources Department

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

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I. Operator	REQU	JEST FO	OR AL	LOWAE	BLE AND	AUTHORI TURAL G	ZATION AS				
Chevron U.S.A. In	Chevron U.S.A. Inc.					Well API No. 30-025-04218					
Address P.O. Box 1150, Mi	dland,	Texas	79702	2							
Reason(s) for Filing (Check proper box) New Well C Recompletion Change in Operator X If change of operator give name	Oil Casiagher		Dry Gaa Condens		Effecti Old Well Filed to	show uni	12/1/9 Mary J. Itizatio	Byrd <u>#1</u> n and cl		operator	
and address of previous operator <u>Ar</u> IL DESCRIPTION OF WELL			<u>is co.</u>	<u>, 10 1</u>	lesta Dr.	, MIGIA	id, lexa	s 7970.)	<u> </u>	
Lease Name Eunice Monument South	Well No. Pool Name, Includi				ng Formation Kind c nument Grayburg S.A.			f Lease Lease No.			
Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line											
Section 11 Township			Range	<u>36E</u>		IPM, I	еа			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil T or Condensate Texas New Mexico Pipeline Co.					Address (Give address to which approved copy of this form is to be sens) P.O. Box 2528, Hobbs, New Mexico 88240						
Name of Authorized Transporter of Casing Warren Petroleum				Address (Give address to which approved P.O. Box 1589, Tulsa,			copy of this form is to be sent) Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	connected?	When	?	<u></u> ,		
If this production is commingled with that f IV. COMPLETION DATA	rom any oth		·		v						
Designate Type of Completion		Oil Well	j	as Well	New Well	Workover	Deepea	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 Casi	Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET				SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A		BLE	l and must	be equal to or	exceed top all	owable for thi	depth or be	for full 24 hou		
						thed (Flow, p	ump, gas lift, d	tc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL Actual Frod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choite Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the raises 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. OM . $BOKern$					Date Approved Orig. Signed by Paul Kautz						
Signature D.M. Bohon Technical Assistant Direct Name					By	•		Geologist			
	(312)		.48 phone No	•							

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.

non-mer or other such changes

2) All sections of this form must be filled out for allowable on new and recompleted wells.