

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. 30-025-04221
Address P.O. Box 1150 Midland, TX 797021		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Temp. pump for production 60 days. Then convert to injector.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Eunice Monument South, B	Well No. 851	Pool Name, Including Formation Eunice Monument GB/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line Section 11 Township 20S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas N.M. Pipeline Co. C	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, N.M. 88240				
Name of Authorized Transporter of Casinghead Gas Phillips/Warren Ret	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa TX./P.O. Box 1589, Tulsa OK.				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 20S	Rge. 36E	Is gas actually connected? Yes	When? 12/1/90

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/7/91	Date Compl. Ready to Prod. 7/10/91	Total Depth 3905'		P.B.T.D. 3905'				
Elevations (DF, RKB, RT, GR, etc.) 3590' GE.	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3565'		Tubing Depth 3875'				
Perforations 3734'-3975' OH				Depth Casing Shoe 3893'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
unk.	12 1/2"		180'					
unk.	9 5/8"		1125'					
unk.	7"		3810'					
unk.	5" liner.		3893'					

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 7/11/91	Date of Test 7/15/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure 40	Casing Pressure 40	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 101	Gas- MCF 10

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.

B.G. Smith

Signature B.G. Smith Tech. Assistant  
Printed Name 7/18/91 Title (915)687-7148  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
By FOR RECORD ONLY  
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.

RECEIVED

JUL 24 1997

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