Submit 5 Copies
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 Rotton of Page

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

OIL CONSERVATION DIVISION

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

1000 Rio Brazos Rd., Aztec, NM 8741	• REC	UEST F	OR A	LLO	WA OI	BLE AND	AUTHOR TURAL C	RIZATION SAS	l			
Operator Chevron U.S.A., I			Wei	API No.								
Address P.O. Box 1150 Midland, TX 79702									30-025-04256			
Reason(s) for Filing (Check proper box		X /970	<u> </u>									
New Well	,	Change i	n Transp	orter of	f:	[_] Où	er (Please exp	olain)				
Recompletion	Oil	<u> </u>	Dry G	las								
Change in Operator If change of operator give name	Casinghe	ead Gas	Conde	assle	Ц							
and address of previous operator										·	, -	
II. DESCRIPTION OF WELL	L AND LE		1=									
Eunice Monument South Unit B Well No. Pool Name, Inclu 869 Eunice Mon						-	SA.		of Lease Federal or F	ee 1	Lease No.	
Location		,				1	 ,					
Unit Letter	_:_(0	60	Feet F	rom Th	e/[Oftherin	and	(20 I	eet From The	West	Line	
Section 13 Towns	hip 2	208	Range	36E		, NI	мрм,		Lea		County	
III. DESIGNATION OF TRA	NSPORTI			D NA	TU							
Name of Authorized Transporter of Oil Shell PipeLine/Arco PipeLine						Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX/Box 1610, Midland, TX						
Name of Authorized Transporter of Casi	X	or Dry Gas						d copy of this j				
Phillips 66 Nat Gas/Warren Per If well produces oil or liquids, Uni						400	1 Penbroo	ok,Odess	a,TX/Box	1589, Tuls	sa,OK	
rive location of tanks.	Unit	¹Sec. 	Twp.		Rge.	is gas actually		When	1/11/0	' j		
If this production is commingled with the	t from any oti	her lease or	pool, giv	ve com	ningl				-1111			
IV. COMPLETION DATA		Oil Well		Gas We		New Well	37/2-42	1 5	1 5 5 .	6 .		
Designate Type of Completion	i - (X)	Oil Well	l`	OHS WC	***	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	-		Total Depth		- 1	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations						<u> </u>			Depth Casir	Depth Casing Shoe		
HOLE SIZE					ND	CEMENTIN	IG RECOR DEPTH SET		т .	SACKS CEM	ENT	
		ASING & TUBING SIZE				DET WOLF			CHOIG GENERY			

	 				-							
V. TEST DATA AND REQUE												
OIL WELL (Test must be after to Date First New Oil Rup To Tank	Date of Tes		of load o	il and r	nust i	be equal to or e Producing Met				or full 24 hour	rs.)	
	Date Of Tes	 .				1 Todading 1710	1100 (110m, pa	···φ, gus .y., ι				
Length of Test	Tubing Pressure					Casing Pressure	e		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL		······································			l	<u> </u>			<u></u>			
Actual Prod. Test - MCF/D	Length of	[est				Bbls. Condense	te/MMCF		Gravity of C	ondensate	· · · · · · · · · · · · · · · · · · ·	
	,									A. J. S.		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE								
I hereby certify that the rules and regul						0	IL CON	SERV	ATION [JIVISIO	N	
Division have been complied with and is true and complete to the best of my			above			1			Α,	<i>୍ର</i> ୬୬ ୬ ୬		
$\alpha \vee \alpha \cdot b$	-					Date /	Approved	J			·	
J.K. Kypley					.	By	JRIGIN	AL DATE NO	u du ceras	et job tit samme en e		
J. K. Ripley		Tech A		ant	.	-,	3 .	PRINCI	SUPERVISO	-sexton- Dr		
Printed Name 11/11/91		(915)6	Title 87–71	48		Title_			····	A. P. A. A.	· · · · · · · · · · · · · · · · · · ·	
Date			hone 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.
- 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.