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Submit 5 Copies Appropriate District Office DISTRICT J		Energy,	Minera	State of als and M	New Mexico Natural Resources D	epartment		Form C-104	
P.C. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERV P.O. 1				ATION DIV	ISION		Revised 1-1-89 See Instructions at Bottom of Pag	
DISTRICT DI		S	anta F	e, New I	Mexico 87504-20	88			
1000 Rio Brazos Rd., Aztec, NM 874 I.	410 REQ	UEST F	OR A ANSP	LLOW/	ABLE AND AUTH	HORIZATIC	DN		
Chevron U.S.A.,	Inc.						ell API No. 30-025	-042.57	
	Midland, T	X 7970;	2					0,000	
Reason(s) for Filing (Check proper bo	211)		<u> </u>		Other (Plea	se explain)			
Recompletion	Oil	Change in	Transp Dry G	orter of:					
Change in Operator	Casinghe	ad Gas 🔲	Conder						
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WEL	L AND LE	ASE				·····			
Lesse Name Eunice Monument South		Well No.			diag Formation	K	nd of Lease	Lease No.	
Location		880	Eunic	e Mon	ument GB/SA	&	tte, Federal or Fee		
Unit Letter EOTT Energy Bipolic	:_ <u>/9</u>	80	Foot Fre	m The /	ofthe line and _	1980	Feet From The	Mest u	
EOTT Energy Bipelir	•		Range		, NMPM,		Lea	County	
I. DESIGNATION OF TRA lame of Authorized Transporter of Oil Shell PipeLine/Arco PipeLin		R OF OI or Condens	LANI	<u>) NATU</u>	Address (Give address	to which approv	red copy of this for	n is to be sent	
lame of Authorized Transporter of Cas	tinchesd Gas		or Dry C		BOX 191	0,Midland,T	X/Box 1610.	Midland, TX	
Phanps 66 Nat Gas/Warre	en Pet		or Diy C	AU []	Address (Give address 4001 Pen	<i>lo which approv</i> Drook . Odes:	ed copy of this for sa, TX/Box 15	n is to be sent)	
well produces oil or liquids, relocation of tanks.	Unit	Sec	Twp.	Rge.	Is gas actually connect	ed? Wh	en?	1015a,OK	
this production is commingled with the	at from any othe	T lease or n	ool eive	Comminal	1 Ges	l	<u>2 18 91</u>		
V. COMPLETION DATA					ang order, aumoer:				
Designate Type of Completion	n - (X)	Oil Well	G	s Well	New Well Workov	er Deepen	Plug Back Sa	me Res'v Diff Res'v	
ate Spudded		I. Ready to I	Prod.		Total Depth		 P.B.T.D.	İ	
evations (DF, RKB, RT, GR, etc.)							F.B.I.D.		
	Name of Pro	ducing For	mation		Top Oil/Gas Pay		Tubing Depth		
rforstions							Depth Casing S	hoe	
	 TT	IRING C	A STNV		CELENTING DEC				
HOLE SIZE	TUBING, CASING ANI CASING & TUBING SIZE			E E	DEPTH :		SACKS CEMENT		
							OAC	NO CEMENI	
		· - · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
								······	
TEST DATA AND REQUE						<u> </u>			
e First New Oil Run To Tank								MALL .	
	Date of Test	l volume of	load oil	and muss c	e equal to or exceed top Producing Method (Flow	allowable for th	is depth or be for fi	ul 24 hours.)	
	Date of Test		load oil		Producing Method (Flow	allowable for th , pump, gas lift,	is depth or be for f etc.)	ul 24 hours.)	
	Date of Test Tubing Press		load oil		e equal to or exceed top Producing Method (Flow Casing Pressure	allowable for th r, pump, gas lift,	is depth or be for f etc.) Choke Size	uli 24 kours.)	
gth of Test	Date of Test		load oil		Producing Method (Flow	auowabie for th , pump, gas lift,	elc.)	41 24 hours.)	
gth of Test ual Prod. During Test	Date of Test Tubing Press				Producing Method (Flow Casing Pressure	allowable for th , pump, gas lift,	etc.) Choke Size	ui 24 hours.)	
gth of Test ual Prod. During Test AS WELL	Date of Test Tubing Press Oil - Bbls.	ure			Producing Method (Flow Casing Pressure Water - Bbls.	r, pump, gas lift,	etc.) Choke Size Gae- MCF		
gth of Test ual Prod. During Test AS WELL	Date of Test Tubing Press	ure			Producing Method (Flow Casing Pressure	r, pump, gas lift,	etc.) Choke Size		
ngth of Test and Prod. During Test AS WELL and Prod. Test - MCF/D	Date of Test Tubing Press Oil - Bbls.	ure si			Producing Method (Flow Casing Pressure Water - Bbls.	, pump, gas lift,	etc.) Choke Size Gae- MCF		
igh of Test ual Prod. During Test AS WELL ual Prod. Test - MCF/D ing Method (pilot, back pr.) OPERATOR CERTIFIC hereby certify that the rules and regula	Date of Test Tubing Press Oil - Bbls. Length of Tes Tubing Press CATE OF C	ure si ure (Shut-ia) COMPLI Conservati			Producing Method (Flow Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	, рытр. gas lift.	etc.) Choke Size Gae- MCF Gravity of Coade Choke Size		
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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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.