Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.C. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REC	UEST F	OR A	LLOWA	BLE AND	AUTHOR	ZATION				
Operator TO THANSPORT OIL AND NATURAL GAS								Well API No.			
Chevron U.S.A., Inc.								30-025-04257			
	idland, T	X 7970	2								
Reason(s) for Filing (Check proper box) New Well		Change	- T	and an of:	Otl	ver (Please expl	ain)				
Recompletion	Oil	Change i	Dry G								
Change in Operator	Casingh	_	Conde								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	AND LE		15								
Eunice Monument South (Jnit B	Well No. 880			ling Formation	SA	Kind	of Lease Federal or Fe	×e L	ease No.	
Location Unit Letter	:_19	80			Othrio	***	380 F	eet From The	West	Line	
Section /3 Townshi	ip 2	208	Range	36E	, N	мРМ,		Lea		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Shell PipeLine/Arco PipeLine					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinohead Gas 13 77 or Day Gas					Box 1910, Midland, TX/Box 1610, Midland, TX Address (Give address to which approved copy of this form is to be sent)					TX	
Phillips 66 Nat Gas/Warrer If well produces oil or liquids,				4001 Penbrook, Odessa			,TX/Box 1589,Tulsa,OK				
give location of tanks.	Unit	'Sec.	Twp.	Rge.	is gas actually	y connected?	When	3/18/91	,		
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, giv	e comming	ling order numb	per:		719/1/			
Designate Type of Completion	- (X)	Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		npl. Ready to Prod.			Total Depth			P.B.T.D.	l	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	_L				1			Depth Casin	g Shoe		
	-	TIBING	CASIN	IG AND	CEMENTIN	IC PECODI		<u> </u>			
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
											
V. TEST DATA AND REQUES OIL WELL (Test must be after re					ha aqual ta an	awaaad tan alla	wakla fan ski	n dansk an kas	lon 6:11 24 have		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		oj ioaa oi	u ana musi		thod (Flow, pur			or juil 24 hole	3.)	
4.20					Carina Danas			Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	I		-,					· h			
Actual Prod. 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)			Choke Size			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regular Division have been appreciate with each	tions of the	Oil Conserv	ation	CE	С	IL CON	SERV	ATION I	DIVISIO	N	
Division have been complied with and to is true and complete to the best of my k			.u abuve		Date	Approved	i		$y = \frac{\kappa_{p}^{2}}{p} \mathcal{N}_{q}$		
J.K. Ripley						fighten v					
J. K. Ripley		Tech /		ant	-						
Printed Name 11/11/91		(915)6	Title 87-71	48	Title_						
Date		Telep	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.
- 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.