

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Chevron U.S.A. Inc.		Well API No. 30-025-04261
Address P.O. Box 1150, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective Date: 1/8/91
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Old Well Name: Sanderson A #7
Change in Operator <input checked="" type="checkbox"/>	Filed to show unitization and change of operator	
If change of operator give name and address of previous operator Conoco Inc., P.O. Box 1959, Midland, Texas 79702		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Eunice Monument South Unit B	Well No. 870	Pool Name, Including Formation Eunice Monument Grayburg S.A.	Kind of Lease State, Federal or Prop	Lease No.
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 14 Township 20S Range 36E , NMPL Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Arco Oil and Gas Co. <i>Pepele</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1610, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1909, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When ?

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	Gas Well	New Well	Workover	Deepen	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 Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

*D.M. Bohon*  
Signature  
D.M. Bohon Technical Assistant  
Printed Name  
1/10/91 (915) 687-7148  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By *ORIGINAL APPROVED BY SUPERVISOR*  
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.