

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1986  
HOBBS, NEW MEXICO 88240

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well

☒ Oil ☐ Gas ☐ Other

2. Name of Operator

CHEVRON U.S.A. INC.

ATTN: NITA RICE

3. Address and Telephone No.

P. O. BOX 1150

MIDLAND, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 660' FEL, UNIT P  
SEC 14, T-20S, R-36E, NMPM

5. Lease Designation and Serial No.

LC 031622-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Eunice Monument South Unit B890

9. API Well No.

30-025-04266

10. Field and Pool, or Exploratory Area

Eunice Monument

11. County or Parish, State

LEA, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12. TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other C/O & ACDZ

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

WE PROPOSE TO: MIRU PU. ND WH, NU BOP. C/O TO 4110'. SPOT ACID ACROSS OPEN HOLE.  
FLUSH ACID ON BACKSIDE. SWAB. ND BOP, NU WH. TURN OVER TO PRODUCTION.

14. I hereby certify that the foregoing is true and correct.

Signed

Title

TECHNICAL ASSISTANT

Date

7/18/94

(The signature of the official of the Bureau of Land Management must be in the space provided for the signature of the official of the Bureau of Land Management.)  
FOR: SDD: F. JOE G. LARA

Approved by

Title

Petroleum Engineer

Date

7/29/94

Conditions of approval, if any:

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P. O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

#### I.

Operator <b>Chevron U.S.A., Inc.</b>		Well API No. <b>30 - 025-04266</b>
Address <b>P. O. Box 1150, Midland, TX 79702</b>		
Reason (s) for Filling (check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If chance of operator give name and address of previous operator		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eunice Monument South Unit B</b>	Well No. <b>890</b>	Pool Name, Including Formation <b>Eunice Monument G-SA</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>P</b> : <b>0660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>14</b> Township <b>20S</b> Range <b>36E</b> , NMPM, <b>Lea</b> County				

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

Name of Authorized Transporter of Oil or Condensate <b>EOTT Oil Pipeline Co., ARCO Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4666, Houston, TX 77210-4666, Suite 2604</b>		
Name of Authorized Transporter of Casinghead Gas or Dry Gas <b>EOTT Energy Pipeline LP</b>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tank <b>Effective 4-1-94</b>	Unit <b>Sec.</b> <b>Twp.</b> <b>Rge.</b>	Is gas actually connected? <b>Yes</b>	When? <b>Unknown</b>

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	Plugback	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			
Peforations					Depth Casin; g			
TUBING, CASING AND CEMENTING RECORD								
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/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

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.

Signature  
**J. K. Ripley**  
Printed Name  
**J. K. Ripley**  
Date  
**1/26/94**  
T.A.  
Title  
**(915)687-7148**  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved

**FEB 10 1994**

By

**ORIGINAL SIGNED BY JERRY SEXTON**

Title

**DISTRICT I SUPERVISOR**

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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.

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