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App priate District Office
DIS RICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico E 39, Minerals and Natural Resources Departme

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

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

Santa Fe, New Mexico 87504-2088

DISTRICT III

**OIL CONSERVATION DIVISION** P.O. Box 2088

I. 87410			OR ALLOWA						
Operator Operator		IO IRA	ANSPORT O	L AND NA	TUHAL G		API No.		
Chevron U.S.A., Inc	<b>:</b> .					1	-025-042	74	
Address P.O. Box 1150 Mic	dland, TX	79702	21						· · · · · · · · · · · · · · · · · · ·
Reason(s) for Filing (Check proper box)	<del></del>	<u>-</u>		Oth	es (Please expl	zin)	<del></del>	<del></del>	
New Well									
Recompletion $\square$	Oil		Dry Gas						
Change in Operator	Casinghead	Gas 🗵	Condennate			<del></del>			
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEA	SE							
			Pool Name, Including Formation			Kind of Lease Le			ease No.
Eunice Monument South	VIT B	875	Eunice Monu	ment GB/S	SA	State, Fede	Federal or Fe ral	•	
Location Unit Letter E	, 1650		. Feet From The No.	orth Lin	e and 990		et From The	West	Line
Section 14 Township	p 20	s	Range 36E		MPM,		Lea		County
III. DESIGNATION OF TRAN									·· <del>·</del> ··
Name of Authorized Transporter of Oil Shell Pipeline Co.	X	or Conden		Address (Giv	e address to when P.O. Bo		<i>copy of this f</i> idland TX.		int)
Histor of Arthorney Transporter of Charles Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Unit Sec. Twp.					4001 Penbrook, Odessa TX./P.O. Box 1589, Tulsa OK. is gas actually connected? When?				
give location of tanks.	N	14	22S   36E		Yes			2/1/90	
If this production is commingled with that I IV. COMPLETION DATA	rom any othe	r lease or	pool, give comming	ling order num	ber:				
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	<u> </u>	L	P.B.T.D.	l <u></u> .	<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Per	whicing Fo	emetion	Top Oil/Gas I	230	<del></del>	T	<u> </u>	
				100 000			Tubing Dep	lh	
Perforations							Depth Casin	g Shoe	
	TT	JBING,	CASING AND	CEMENTIN	NG RECOR	D	· <del></del>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				<u>-</u>	· · · · · · · · · · · · · · · · · · ·		ļ	<del></del>	
		·	·	<del> </del>	· · · · · · · · · · · · · · · · · · ·				- <del></del>
			<del></del>		<del></del>				
V. TEST DATA AND REQUES							l	<del></del>	
OIL WELL (Test must be after re Date First New Oil Run To Tank			of load oil and must					or full 24 how	rs.)
Dute Firm New Oil Kun 10 lank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, e	lc.)		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
CACTUCII	<del></del>			<u> </u>		<del></del>			
GAS WELL Actual Prod. Test - MCF/D	Length of Te	el .		Bbls. Condens	man A A A A C E		C		
The feet - Mel/D	Dengar or Te	<b></b>		Bois. Concens	ate/MIMCF		Gravity of C	ondensate	
osting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
/L OPERATOR CERTIFICA	TE OF	~	TANCE	<del> </del>					
I hereby certify that the rules and regulat				C	IL CON	SERVA	MOIT	DIVISIO	N
Division have been complied with and that the information given above									
is true and complete to the best of my km	owledge and	belief.		Date	Approved	l	÷	3 <b>[6]</b>	
KH Amis	H/1				pp. 0 100				
Signature				By	ORIGINAL			XTON	<u></u> .
B.G. Smith Tech. Assistant				DISTRICT I SUPERVISOR					
Printed Name 7/10/91			Title 87-7148	Title_	·	<del></del>			
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
- 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.