Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240		State of New Mexico Energy, Minerals and Natural Resources Departmen				Form C-104 Revised 1-1-89 See Instructions at Bottom of Page				
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				N		at Rott	om of Pag		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741										
I. Operator	TO TRA	NSPORT O	IL AND NA	TURAL G	AS					
Chevron U.S.A., I	nc.				Well	API No. 30-0,25	-0429	77		
Address P.O. Box 1150 N	Midland, TX 79702				>		$\frac{U}{\omega}$	/		
Reason(s) for Filing (Check proper box		<u> </u>	Ou	ver (Please exp	lain)					
New Well		Transporter of: Dry Gas		•	·					
Change in Operator	Casinghead Gas	Condensate	·····							
and address of previous operator		<u> </u>								
II. DESCRIPTION OF WELL Lesse Name	Name and Address of the Owner	Pool Name, Includ	ting Formation		Kind	of Lesse				
Eunice Monument South				ument GB/SA			deral or Fee Lease No.			
Unit Letter	_:	Feet From The	outh in	e and4	80 F	et From The _	Nest	Liı		
Section 23 Towns	thip 20S J	Range 36E	, N	MPM,		Lea		County		
II. DESIGNATION OF TRA							·	COURY		
Name of Authorized Transporter of Oil Shell PipeLine/Arco PipeLin	or Condensa		Address (Giv	e address to w	hich approved	copy of this fo	m is to be set	u)		
Name of Authorized Transporter of Casi Phillips 66 Nat Gas (Works	of Authonized Transporter of Casinghead Gas			Box 1910, Midland, TX/Box 1610, Midland, TX Address (Give address to which approved copy of this form is to be sent)						
if well produces oil or liquids,	Unit Son T	GPIN Gpe Contract of the second secon			k,Odessa		589,Tulsa	a,OK		
ve location of tanks.						113/91				
this production is commingled with the V. COMPLETION DATA	it from any other lease or po	ol, give comming	ling order sum	er:		/ /				
Designate Type of Completion	n - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v		
Date Spudded	Spudded Date Compl. Ready to Prod.		Total Depth		I	P.B.T.D.		I		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas Pay			Tubing Depth				
erforations	vraticos					Depth Casing Shoe				
						Depin Casing	Shoe			
HOLE SIZE		ASING AND	1		D					
note size		ING SIZE		DEPTH SET	<u> </u>	<u> </u>	CKS CEME	NT		

. TEST DATA AND REQUE						J				
ate First New Oil Run To Tank	recovery of total volume of l Date of Test	load oil and must	be equal to or a Producing Met				full 24 hours)		
ength of Test	Tubing Pressure		Casing Pressure			Choke Size				
-	Tubitty ricesuic		_							
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL	<u></u>		L			L				
ctual Prod. Test - MCF/D						<u> </u>				
	Length of Test		Bbls. Condens	ne/MMCF		Gravity of Con		Choke Size		
	Length of Test Tubing Pressure (Shut-in)		Bbis. Condens Casing Pressur			Choke Size				
						•				
sting Method (pitot, back pr.) I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	Tubing Pressure (Shut-in) CATE OF COMPLI lations of the Oil Conservation that the information given a		Casing Pressur	e (Shut-ia) IL CON		Choke Size	IVISIO	N		
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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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.