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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

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

Operator Chevron U.S.A. Inc.		Well API No. 30-025-04292
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:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit B	Well No. 902	Pool Name, Including Formation Eunice Monument GB/SA	Kind of Lease State Federal or Fed	Lease No. LC-046164-A
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>20S</u> Range <u>36E</u> , <u>NMPM</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Odessa TX / Tulsa OK					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>23</u>	Twp. <u>20S</u>	Rge. <u>36E</u>	Is gas actually connected? Yes	When? 5/15/91
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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v
Date XXXXXX Workover 5/1/91	Date Compl. Ready to Prod. 5/15/91		Total Depth 4275'		P.B.T.D. 4130'			
Elevations (DF, RKB, RT, GR, etc.) 3585' GR	Name of Producing Formation Grayburg/SA		Top Oil/Gas Pay 3758'		Tubing Depth 3777'			
Perforations 3758' - 3856'					Depth Casing Shoe 3840'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Unk.	8 5/8"	1367'	800 sks
Unk.	5 1/2" 15.5#	3840'	400 sks TOC@175'
	2 3/8" Tbg.	3777'	-----

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 5/19/91	Date of Test 6/ 4/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 22	Gas- MCF 20

GAS WELL

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


Signature D. M. Bohon Technical Assistant
Printed Name 6/4/91 Title (915) 687-7148
Date 6/4/91 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 07 1991
By Eddie W. Seay
Oil & Gas Inspector
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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

RECEIVED

JUN 06 1991

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