State of New Mexico

Submit 5 Copies Agpropriate District Office DISTRICT I

P. O. Box 1980, Hobbs, NM 88240 DISTRICT II
P. O. Drawer DD, Artesia, NM 88210 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISIO,

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.										
Operator Chevron U.S.A., Inc.			· · · · · ·					II API No. - 025-04293		
Address	70702						30	- U23-U4293		
P. O. Box 1150, Midland, TX 7 Reason (s) for Filling (check proper box)			****		Oth	nei (Please ex	cplain)			
New Well Recompletion	Change in	Transporter of		\Box	ليبا	•	7			
Change in Operator	Casinghead Gas		Dry Gas Condensate	. H						
If chance of operator give name and address of previous operator										
II. DESCRIPTION OF WELL										
Lease Name		į.	Name, Inclu	uding For	rmation			d of Lease e, Federal or Fee	Lease No.	
Eunice Monument South Unit B Location		E	<u>Lunice M</u>	<u> Aonum</u>	ent G-SA			e, reuciai oi 1 oc		
Unit Lette <u>r L</u>	:1980	0 Feet Fro	om The	South	Line	e and	660	Feet From The	WestLine	
Section 23 Township		Range		6E		мрм,	Lea	_	County	
III. DESIGNATION OF TRAN			IATUR/			,				
Name of Authorized Transporter of Oil	or U	Condensate		Addre	ss (Giv	e address to	which approv	ved copy of this f	form is to be sent)	
EOTT Oil Pipeline Co., ARCO P Name of Authorized Transporter of Casing	phone Gas	or Dy Gas		Addre	P.O). Box 4666	6, Houston,	TX 77210-46	66, Suite 2604	
16 Optoluce BOF GIM Pineline								red copy of inis j	orm is to be sent)	
give location of table give 4-1-94		Sec. Twp. Rge.					When ?			
If this production is commingled with that	from any other lease of	r mod give cor			Yes			Unknown		
IV. COMPLETION DATA										
Designate Type of Completion		Well Gas V	Well Ne	ew Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.			To	otal Depth	<u> </u>		P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation			op Oil/Gas	s Pay		Tubing Dep	th		
Peforations							Depth Casin	l; g		
TUBING, CASING AND						·	<u> </u>		·	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CE	EMENT	
							 			
	+		-							
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE					<u></u>			
OIL WELL (Test must be after r Date First New Oil Run To Tank	recovery of total volume Date of Test	of load oil and	d must be	equal to	or exceed to	p allowable f	for this depth	or be for full 24 l	hours)	
Length of Test	The Desire Desired (Flow, pump, gas lift, etc.)									
	Tubing Pressure	- — 	Cas	sing Press	iure		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Was	Water - Bbls.			Gas - MCF		<u> </u>		
GAS WELL										
Actual Prod. Test - MCF/D					Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)			Casing Pressure (Shut - in)			Choke Size	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.				OIL CONSERVATION DIVISION Date Approved FEB 10 1994						
Signature				Ву _	- ABI		THE BUT		· • • • • • • • • • • • • • • • • • • •	
J. K. Ripley T.A.				ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR						
Printed Name 1/26/94	Title (915)687-71	/1/9		_						
Date	Telephone		ļ							

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.

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