State of New Mexico

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

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

DISTRICT III

Energy, Minerals and Natural Resources Department

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

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

OIL CONSERVATION DIVISION

1000 Rio Brazos Rd., Aztec, NM 87410	T(TRAN	SPORT C	IL AND I	NATURAI	GAS					
Operator		·					We	II API No.			
Chevron U.S.A., Inc.					30	- 025-04300	··-				
P. O. Box 1150, Midland, TX 7 Reason (s) for Filling (check proper box)	9702			-		/D1					
New Well		ge in Trans	porter of:		LI Othe	n (Please ex	plain)				
Recompletion Change in Operator	Oil Casinghead Gas		X Dry G								
If chance of operator give name	Cashighead Gas	· .	Conde	nsate	······································	· · · · · · · · · · · · · · · · · · ·				·	
and address of previous operator										·	
II. DESCRIPTION OF WELL Lease Name	AND LEASE										
		Well No. Pool Name, Including Formation						d of Lease e, Federal or Fee	Lease	No.	
Eunice Monument South Unit I Location	<u>} </u>	P15 Eunice Monument G-SA									
Unit Letter J	. 1	310	T T 70	G41							
			Feet From Th	e <u>South</u>	Line	and	1650	_ Feet From The	East I	ine	
Section 23 Township			Range	36E	, NM	PM,	Lea	l .	Count	<u>y</u>	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER O	FOIL A or Conder	AND NAT	URAL GA		address is				·	
EQTT Oil Pipeline Co., ARCO		7		7,000				ved copy of this			
Name of Authorized Transporter of Casing	head Gas	or D	y Gas	Addn	P.O.	BOX 4666 address to	, Houston, which appro	TX 77210-40 ved copy of this	666, Suite 261 form is to be set	04 nt)	
II La Condide La Nergys, Pipelin	e Lithit	Sec.	Twp. Rg	. Is gas	ctually conne		When ?				
give location Effective 4-1-94					Yes			Timber			
If this production is commingled with that	from any other leas	se or pool,	give commin	gling order nu			-L	Unknown			
IV. COMPLETION DATA		Oil Well	Gas Weli	New Well	Workover	D	160				
Designate Type of Completion - (X) Date Spudded Date Comp						Deepen	Plugback	Same Res'v	Diff Res'v		
<u> </u>	Date Compl. Rea	idy to Proc	l.	Total Depth			P. B. T. D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ng Format	ion	Top Oil/Gas Pay			Tubing Depth				
Peforations			,			Depth Casin _i g					
HOLD BOXES	TUI	BING, CA	SING AND (EMENTING	RECORD		<u> </u>				
HOLE SIZE	CASING &	SING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
T THOUSE IN A MANAGEMENT OF THE PARTY OF THE	<u> </u>										
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR ALLO	WABL	E ed ail and								
Date First New Oil Run To Tank	Date of Test	usine of not	ia on ana mus	Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.							
GAS WELL				Walci - Bois	··		Gas - MCF				
Actual Prod. Test - MCF/D	Length of Test			Bbls, Conde	nsate/MMCE		Committee of C				
esting Method (pilot, back press.) Tubing Pressure (Shut - in)				Bbls. Condensate/MMCF			Gravity of Condensate				
(2000, 2000,	Tuomg Tiessure (Shut - In)		Casing Pressure (Shut - in)			Choke Size				
I hereby certify that the rules and regulati	ions of the Oil Com				0"	20110		4004			
Division have been complied with and th	at the information	given abov	/e		OIL	CONS	FEFBI	ian Bhis	ION		
is true and complete to the best of my kno	wledge and belief.	•		Date /	Approved						
Sight Sight				Ву _	4, - 14	OBIGIA	<u> La cia</u> nte	DV IERRY			
J. K. Ripley T.A.				Title ORIGINAL SIGNED BY JERRY SEXTON Title ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name 1/26/94	Title		-				E.				
1/26/94 Date	(915)68 Teleph	37-7148 none No.									

INSTRUCTIONS: This form is to be filed in compilance 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.