

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.		30-025-04301	
Address		P.O. Box 1150, Midland, Texas 79702					
Reason(s) for Filing (Check proper box)							
New Well	<input type="checkbox"/>	Change in Transporter of:		<input checked="" type="checkbox"/>	Other (Please explain)		
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	Effective Date:	2/8/91
Change in Operator	<input checked="" type="checkbox"/>	Coalhead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	Old Well Name:	Reed B #8
If change of operator give name and address of previous operator		Conoco Inc., P.O. Box 1959, Midland, Texas 79702					
		Filed to show unitization and change of operator					

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit B	905	Eunice Monument Grayburg S.A	State Federal of Tex	
Location				
Unit Letter	G	: 1980	Feet From The	North Line and 1650 Feet From The East Line
Section	23	Township	20S	Range 36E, NMPM, Lea County

II. 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)	
Shell Pipeline					P.O. Box 1910, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas Company					4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number.

V. COMPLETION DATA

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			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING & CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Well Prod. Test - MCFD	Length of Test	Pressure/MMCF	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

7. 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
 Printed Name D.M. Bohon Technical Assistant
2/21/91 (915) 687-7148 Title
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

INSTRUCTIONS: This form is to be used 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 completed for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and IV when changes of operator, well name or number, transporter, or other such changes.