

OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

'91 AUG 19 AM 9 46

Operator Chevron U.S.A., Inc.	Well API No. 30-025-04302
Address P.O. Box 1150 Midland, TX 79702I	
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 So. Unit B	Well No. 918	Pool Name, Including Formation Eunice Monument <i>GB &amp; A</i>	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030143-B
Location Unit Letter <i>M</i> <i>660'</i> Feet From The <i>South</i> Line and <i>660'</i> Feet From The <i>West</i> Line Section <i>23</i> Township <i>20S</i> Range <i>36E</i> , <i>NMPM</i> , <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline <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, TX. 79701					
Name of Authorized Transporter of Casinghead Gas Phil.66 Natl.Gas/Warren Pet <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX./PO Box 1589 Tulsa, OK					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 23	Twp. 20S	Rge. 36E	Is gas actually connected? Yes	When? 12/1/91
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 X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 7/25/91		Total Depth 4200'		P.B.T.D. 4200'			
Elevations (DF, RKB, RT, GR, etc.) 3580'GR.	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3900'		Tubing Depth 4182'			
Perforations 3900'-4200' Open Hole.					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE unk.	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1437'		SACKS CEMENT 650 sx.			
14"	5 1/2"		3459'		1413 sx.			
	2 3/8"		4182'					

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 07/28/91	Date of Test 08/01/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure N/A	Casing Pressure N/A	Choke Size 1.5
Actual Prod. During Test -	Oil - Bbls. 37	Water - Bbls. 31	Gas- MCF 107

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 *M. D. Hagner*  
M. D. Hagner Tech.Assistant  
Printed Name Title  
08/09/91 (915)687-7148  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved *AUG 16 1991*  
By *[Signature]*  
Title *DISTRICT I SUPERVISOR*

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.