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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |                              |
|--|--|------------------------------|
| Operator<br>Chevron U.S.A. Inc.  |  | Well API No.<br>30-025-04304 |
| Address<br>P.O. Box 1150, Midland, Texas 79702   |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective Date: 12/1/90<br>Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Old Well Name: Reed B #11<br>Filed to show unitization and change of operator |  |                              |
| If change of operator give name and address of previous operator<br>Conoco Inc., P.O. Box 1959, Midland, Texas 79702   |  |                              |

II. DESCRIPTION OF WELL AND LEASE

|   |                 |  |                                       |           |
|---|-----------------|--|---------------------------------------|-----------|
| Lease Name<br>Eunice Monument South Unit B  | Well No.<br>923 | Pool Name, including Formation<br>Eunice Monument Grayburg S.A | Kind of Lease<br>State Federal or #46 | Lease No. |
| Location<br>Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line<br>Section <u>24</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<br>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)<br>P.O. Box 1910, Midland, Texas 79701 |      |      |                            |        |
| Name of Authorized Transporter of Casinghead Gas<br>Phillips 66 Natural Gas Company | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br>4001 Penbrook, Odessa, Texas 79762  |      |      |                            |        |
| If well produces oil or liquids, give location of tanks.                            | Unit   | Sec.  | Twp. | Rgs. | Is gas actually connected? | When ? |

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                    | 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 AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

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 | 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

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | 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  
Printed Name D.M. Bohon Technical Assistant  
Date 12/6/90 (915) 687-7148  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 18 1990  
By Paul Kautz Geologist  
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.