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

Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.									
Operator Chevron U.S.A., Inc.		_						API No. - 025-04311	
Address	2704			·				• 072-042TI	
P. O. Box 1150, Midland, TX 79 Reason (s) for Filling (check proper box)	<del>)</del> 702				<del>, ,</del>	Other (Please exp	-lain)		
New Well		ge in Transpo			<u> </u>	Julici (1 sease wy	iain)		
Recompletion Change in Operator	Oil	X	X Dry Gas						
If chance of operator give name	Casinghead Gas	<u>;.                                    </u>	Conden	sate			·		
and address of previous operator				··			-		
II. DESCRIPTION OF WELL	AND LEASE	,							
Lease Name			Pool Name, I	including For	mation			of Lease	Lease No.
Eunice Monument South Unit B		P11	Eunic	e Monum	ent G-S	SA	State	, Federal or Fee	
Location									<del></del>
Unit Letter J	:1	1980 F	eet From The	e <u>South</u>	L	ine and	1980	Feet From The	East Line
Section 24 Township	20S	R	lange	36E		NMPM.	Lea		County
III. DESIGNATION OF TRAN	SPORTER O					TVETAL AVAN		<u> </u>	County
Name of Authorized Transporter of Oil		or Condensa		Addre		Give address to v	which approv	ed copy of this fo	orm is to be sent)
EOTT Oil Pipeline Co., ARCO	D X	10	لـــا	1				TX 77210-466	,
Name of Authorized Transporter of Casing	head Gas	orDy	Gas	Addre	.ss ((	Give address to v	which approv	ed copy of this fo	orm is to be sent)
EOTT Energy Pipeling If well produces in the liquids 4-1-94 give location of LEGIVE 4-1-94		Sec. T	wp. Rge.	Is gas s		onnected ?	When?		
give location of the LIVE 4-1-94			"P"	İ	•	onnecieu .	When .		
If this production is commingled with that f	Carry other les				Yes		<u> </u>	Unknown	
IV. COMPLETION DATA	Poin any onto	ie or poor, g	ive comming	ling order nu	mber:		· · · · · · · · · · · · · · · · · · ·		
	/##\	Oil Well	Gas Well	New Well	Workov	er Deepen	Plugback	Same Res'v	Diff Res'v
Designate Type of Completion  Date Spudded	- (X) Date Compl. Rea	adv to Prod.		Total Depth					
·							P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ng Formatio	AL .	Top Oil/Gas	s Pay		Tubing Dept	h	
Peforations	1	<del></del>			<del></del>		Depth Casin;	Q	
	TÜ	RING CAS	INC AND C	PARNTING	ו משפים י				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SE			SACKS CE	MENT
									1711.2.1.2
U TECT DATA AND DECLIES	TEOD ATTO								
V. TEST DATA AND REQUES' OIL WELL (Test must be after re	T FUK ALLU	WABLE	i i -ii and mue	· L aval to		· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or excede Date First New Oil Run To Tank Date of Test Producing Method						(Flow, pump	or this depth o , gas lift, etc.,	r be for full 24 h	iours)
Length of Test	Tubing Pressure			Casing Press	-III PB	1	Choke Size	·	
Actual Prod. During Test	est Oil - Bbls.				_				
	Oli - Dois.			Water - Bbls			Gas - MCF		
GAS WELL Actual Prod. Test - MCF/D									
	Length of Test		Bbis. Conde	nsate/MM	1CF	Gravity of Co	ndensate		
Testing Method (pilot, back press.)	Tubing Pressure (	(Shut - in)		Casing Press	ure (Shut	- in) := (	Choke Size		
	<del></del>					eg-		· · · · · · · · · · · · · · · · · · ·	:
I hereby certify that the rules and regulati					0	IL CONSI	ERVATI	ON DIVISI	ION
Division have been complied with and that is true and complete to the best of my kno	at the information	given above	,	P-1-			FEB 1		
is true and complete to the best of my kno	wledge and bener.	•	-	Date /	Approv	/ed	I LD T	<u>U 1994</u>	<del></del>
J.K. KIPULF			_	Ву _			~~. <u>~~</u>		
Signature / // J. K. Ripley	T.A.		1	Title	_	DISTR	ICT I SUPE	JERRY SEXTO	)N
Printed Name Title				ı ırıe _			JOT 1 44.	KVISUR	
1/26/94 Date	(915)68	87-7148	_						
Date	Telepl	hone No.							

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
- 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.