Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Arlesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A., Inc. 30-025-04311 Address P.O. Box 1150 Midland, TX 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. **Eunice Monument South Unit B Eunice Monument GB/SA** Location Feet From The SUIT Line and 208 Township Range 36E NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Shell PipeLine/Arco PipeLine Box 1910, Midland, TX/Box 1610, Midland, TX Name of Authorized Transporter of Casinghead Gas Phillips 66 Nat Gas/Warren Pet FECTIVE: Teory of this form is to be sent)

GPM Gas Corporation 4001 Penbrook, Odessa, TX/Box 1589, Tulsa, OK If well produces oil or liquids, Twp. Rge. Is gas actually connected? rive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Oil Well Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation **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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Water - Bbls Gas- MCF Oil - Bble **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pilot, back pr.) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _ iple GRIGINAL SIGNAL BY JERRY SEXTON BASHACI : SUTARVISOR J. K. Riple **Tech Assistant** Printed Name Title Title_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

11/11/91

Date

- 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.

(915)687-7148

Telephone No.

- 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.