1								- Martines and			
Submit 5 Copies Appropriate District Office		Energy, N			lew Mexico arai Resourc	es Departm	ent		Form C-1 Revised 1		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II					TION DIVISION				See Instructions at Bottom of Page		
P.O. Drawer DD, Artesia, NM \$8210				P.O. B	ox 2088 exico 8750						
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410			-								
I.	REQ				BLE AND A						
Operator	 T					I UNAL G	Well /	PI No. 25-0431			
Chevron U.S.A.	inc.		<u>. </u>						/		
P.O. Box 1150, 1	Midland	, Texas	797	702							
Reason(s) for Filing (Check proper box) New Well		Change in	Тгадарог	ter of:	C Othe	et (Please expli		ctive Da	te: 12/1	/90	
Recompletion	Oil		Dry Gas			ell name:				_	
If change of one stor sive name			Conden						hange of	Operato	
· ·			<u> </u>	, F.U.	Box 3092	, Houst	on, lexa	s 77253			
IL DESCRIPTION OF WELL Lease Name		Well No.	Pool Na	me, Includi	ing Formation			Lesse	Les	se No.	
Eunice Monument Sout	h UnitE	907	Eur	nice Me	onument C	Grayburg	S.A \$### #	Federal of Ma	LC-013	1736-A	
Unit LetterE	• 19	980	Foot For	en The	North Line	660	· E.	st From The	West	•.	
24	200			36E			r • Lea	stromine_	west	Line	
Section ²⁴ Townshi	p		Range		, NA	APM,	Lea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil) NATU							
Shell Pipeline	Shell Pipeline				Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Tx. 79701					Ŋ	
Name of Authorized Transporter of Casin Phillips 66 Natural					Address (Give	address to wi	hich approved	copy of this fo	rm is to be seri	y	
If well produces oil or liquids,	Unit		Twp.	Rgs.	4001 Penbrook, Odessa, Is gas actually connected? When ?				79761		
give location of tanks. If this production is commingled with that	B	24		36E	Yes		N.A.		,		
IV. COMPLETION DATA									<u> </u>		
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	pl. Ready to	Prod		Total Depth		I	P.B.T.D.		L	
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Producing Fo			Top Oil/Gas P	ay	·····	Tubing Dept	 h		
Perforstions	erforations										
								Depth Casin	1 2006		
	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
· · · · · · · · · · · · · · · · · · ·											
V. TEST DATA AND REQUES OIL WELL (Test must be after 1)				l and must	he equal to an	mand tan all	and the state	douth on he d			
Date First New Oil Run To Tank	Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Leagth of Test	Tubice Brown				Casing Pressu			Choke Size			
	Tubing Pressure										
Actual Prod. During Test	•			Water - Bbiz.			Gas- MCF				
GAS WELL	1				L			<u>!</u>			
Actual Prod. Test - MCF/D	Length of	Teat			Bbis. Condens	nte/MMCF		Gravity of C	ondensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
((pr /		·····				,,,	·				
VI. OPERATOR CERTIFIC.				CE			ISERV			N	
I hereby certify that the rules and regula Division have been complied with and i	that the info	matica give	BCICE evoda a		``			ner	1 8 1990		
is true and complete to the best of my k	nowiedge a	ad belief.			Date	Approve	d	DEV			
A.M. Bohon					Drig. Signed by Paul Kautz						
Signature D.M. Bohon Technical Assistant					^{by}	By Paul Kautz					
Printed Name		915) 68	Title	8	Title_	•	· · · · · · · · · · · · · · · · · · ·				
 Date	(hone No.								
INSTRUCTIONS: This form	n is to be	filed in co	moliso	ce with 1	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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.