

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Chevron U.S.A. Inc.

Address

P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit	142	Eunice Monument G-SA	State, Federal or Fee <u>State</u>	
Location	Unit Letter <u>E</u>	Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>	Line of Section <u>36</u>	Township <u>20S</u> Range <u>36</u> NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
rcoco, Shell & Texas New Mexico Pipeline	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Nat'l Gas</u> EFFECTIVE Feb. 1, 1988	
Is well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>M</u> Sec. <u>4</u> Twp. <u>21S</u> Rge. <u>36E</u>	yes
	unknown

this production is commingled with that from any other lease or pool, give commingling order number:

OTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

New Mexico Area Supt.

(Title)
2-22-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spud <i>Work</i> <i>Entered</i> 9-2-87	Date Compl. Ready to Prod. 12-7-87	Total Depth 4125			P.B.T.D. 4092			
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation GRABURG - 5A	Top Oil/Gas Pay			Tubing Depth 3415			
Locations 4010-4036 2710' L, 1211' 180° PHASE, 2718' GUNS, 3886-3920 & 3924-3940 1 VHPD, 180° PHASE 42 HOLES 2718' GUNS					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 1/4	13 5/8	39'	60 SK
9	7 5/8	1206'	600 SK
6 3/4	5 1/2	3698'	125 SK

TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 11-17-87	Date of Test 2-10-88	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 HRS	Tubing Pressure 42	Casing Pressure 30	Choke Size 2" WCO
Oil Prod. During Test	Oil - Bbls. 19	Water - Bbls. 41	Gas - MCF 47

3 WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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