

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

State of New Mexico  
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 II  
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A. Inc.		Well API No. 30-025-12723
Address P.O. Box 1150, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit B	Well No. 861	Pool Name, including Formation Eunice Monument GB/SA	Kind of Lease State Federal Fee	Lease No.
Location Unit Letter L : 2310 Feet From The South Line and 990 Feet From The West Line Section 11 Township 20S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips / Warren	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX / P.O. Box 1589, Tulsa	
If well produces oil or liquids, give location of tanks.	Unit C Sec. 11 Twp. 20S Rge. 36E	Is gas actually connected? Yes When? 5/30/91 OK.

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v
Date <del>5/27/91</del> Deepened 5/27/91	Date Compl. Ready to Prod. 5/29/91		Total Depth 4075'		P.B.T.D. 4075'			
Elevations (DF, RKB, RT, GR, etc.) 3589' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3734'		Tubing Depth 4031'			
Perforations 3734' - 3860'					Depth Casing Shoe 3894'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Unk.	12-1/2"	249'	300sx
Unk.	9 5/8" #40	1240'	400sx
Unk.	7" #24	3776'	300sx
Unk.	5" #11.5	3894'	50 sx TOC@ 1932'

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8" Tbg. @ 4031'

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 6/1/91	Date of Test 6/2/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure 45	Casing Pressure 45	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 100	Gas- MCF 8

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Technical Assistant  
Printed Name D.M. Bohon Title  
Date 6/11/91 Telephone No. (915) 687-7148

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By ORIGINAL SIGNATURE OF JERRY SEXTON

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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