Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Anergy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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. 30-025-26076 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 Oil 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 **Eunice Monument South Unit B** Kind of Lease State Federal of Fee Lease No. **Eunice Monument GB/SA** Location Unit Letter Feet From The Morth Line and EOTT Energy Pipeline LP Line 205 Range 36E **NMPM** MITEMERICINATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Gi County -13.94 Address (Give address to which appea Shell PipeLine/Arco PipeLine ved copy of this form is to be sent) Box 1910, Midland, TX/Box 1610, Midland, TX Name of Authorized Transported of Campbead Gas
FFEGURO 166 Nat Gas Warren Pet
FFEGURO 166 Corputation Warren Put
FFEGURO 166 Corputation Warren Pet
FFEGURO 奴 Address (Give address to which approved copy of this form is to be sent) or Dry Gas 4001 Penbrook, Odessa, TX/Box 1589, Tulsa, OK Twp. Rge. is gas actually connected? rive location of tanks When? 120 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Deepen Plug Back Same Res'v Diff Res'y Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay 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 (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, 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 OIL CONSERVATION DIVISION NOV 18 1991 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 By ORIGINAL SEGNED BY JERRY SEXTON J. K. Ripley Tech Assistant DISTRICT I SUPERVISOR Printed Name Title Title\_ (915)687-7148

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

Date

- 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.

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.