

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

I.

Operator Chevron U. S. A. Inc.	
Address P. O. 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input 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)	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 169	Pool Name, including Formation Eunice Monument G-SA	Kind of Lease State, Federal or Fee	Lease No. State
Location				
Unit Letter <u>P</u> : <u>560</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section <u>36</u> Township <u>20S</u> Range <u>36E</u> , 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"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : when
P : 36 : 20S : 36E	Yes

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

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

VI. 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.

MW Casarez
(Signature)

Division Proration Engineer
(Title)

7/3/86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY _____

DISTRICT SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.				
3/1/86	6/13/86		4198		3929				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3535.1 GL	Eunice Monument		3742		3924				
Perforations						Depth Casing Shoe			
3742 - 3918									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4		11 3/4		347		325			
11		8 5/8		2575		625			
7 7/8		5 1/2		4197		600			

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/13/86	6/26/86	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	30 psi	30 psi	W.O.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
213	7	206	46

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

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