

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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. Box 670, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Oil		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership		<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit	122	Eunice Monument GB/SA	State, Federal or Fee Fed	
Location				
Unit Letter	M	560 Feet From The	South Line and	860 Feet From The West
Line of Section	25	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"/>	Address (Give address to which approved copy of this form is to be sent)			
Arco, Shell & Texas New Mexico Pipeline				
EFFECTIVE: February 1, 1992 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Phillips 66 Nat'l Gas & Warren Petroleum				
GPM Gas Corporation	Unit	Sec.	Twp.	Rge.
Is gas actually connected? When	M	4	21S	36E
Yes	Unknown			

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.


(Signature)
New Mexico Area Superintendent

8-9-88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 15 '88, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 6-11-88	Date Compl. Ready to Prod. 7-10-88		Total Depth 4210'				P.B.T.D. 4125'		
Elevations (DF, RKB, RT, GR, etc.) •	Name of Producing Formation Eunice Monument GB/SA		Top Oil/Gas Pay 3820'				Tubing Depth 4092'		
Perforations 3820-28, 3838-42, 3860-76, 3887-3900, 3906-24, 3940-48, 3960-74, 3981-90, 4000-18, 4062-74							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	1210'	750 sx cl C
7 7/8"	5 1/2" 15.5#	4210'	800 sx cl C

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 7-10-88	Date of Test 7-28-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 40	Choke Size 2" WO
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 93	Gas - MCF 74

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

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AUG 10 1988

OCD
HOBBS OFFICE