

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A. Inc		Well API No. 30-025-31119
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"/>	
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. 924	Pool Name, Including Formation Eunice Monument Grayburg/SA	Kind of Lease State: Federal or Revv	Lease No. LC 0131736-A
Location Unit Letter 0 : 602 Feet From The South Line and 2090 Feet From The East Line Section 24 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"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum / Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa OK / 4001 Penbrook, Odessa TX.	
Well produces oil or liquids, re location of tanks.	Unit B	Sec. 24
	Twps. 20S	Rge. 36E
Is gas actually connected?		When? 4/12/91

If this production is commingling 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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/7/91	Date Compl. Ready to Prod. 4/11/91		Total Depth 4160'		P.B.T.D. 4089'			
Measurements (DF, RKB, RT, GR, etc.) 3547' GR	Name of Producing Formation Grayburg/ S.A.		Top Oil/Gas Pay 4002'		Tubing Depth 3909'			
Measurements 3726' - 4002'					Depth Casing Shoe 4160'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" #23	1150'	800sx "C" Circ 212sx
7 7/8"	5 1/2" #17	4160'	805sx "C" Circ 20sx
	2 3/8" tbg.	3909'	-----

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 4/15/91	Date of Test 4/20/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 68	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 262	Gas - MCF 92

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 4/30/91		Title (915) 687-7148	
Date		Telephone No.	

OIL CONSERVATION DIVISION

MAY 06 1991

Date Approved

By ORIGINAL SIGNATURE OF DIVISION

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.