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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-32122
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 chance of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit B	Well No. 925	Pool Name, Including Formation Eunice Monument Grayburg - SA	Kind of Lease State, Federal or Fee Fed	Lease No. LC-030143B
Location Unit Letter L : 1980 Feet From The South Line and 920 Feet From The West 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, TX 77210-4666					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1189, Tulsa, OK 74102/4001 Penbrook, Odessa, TX 79761					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					Yes	Unknown

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

IV. COMPLETION DATA

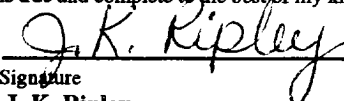
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plugback <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 09/15/93	Date Compl. Ready to Prod. 10/23/93		Total Depth 4090'		P. B. T. D. 4090'			
Elevations (DF, RKB, RT, GR, etc.) 3557' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3734'		Tubing Depth 4038'			
Perforations 3078'-3653'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1190'		700			
7-7/8"	5-1/2"		4090'		775			

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 10/23/93	Date of Test 11/8/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 40#	Choke Size W.O
Actual Prod. During Test 724	Oil - Bbls. 4	Water - Bbls. 720	Gas - MCF 7

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

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 J. K. Ripley Printed Name 11/16/93 Date	T.A. Title (915)687-7148 Telephone No	OIL CONSERVATION DIVISION NOV 29 1993 Date Approved By ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR
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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.
4) Separate Form C - 104 must be filed for each pool in multiply completed wells.