State of New Mexico

Submit 5' Copies Appropriate District Office DISTRICT

DISTRICT II

P. O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P. O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Chevron U.S.A., Inc. 30 - 025-06295 Address P. O. Box 1150, Midland, TX 79702 Reason (s) for Filling (check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate If chance of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee **Eunice Monument South Unit** Location Unit Letter J 1980 Feet From The __ :_ South Line and 1980 Feet From The East Line Section 30 Township **20S** Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil porte. or Condensate (Give address to which approved copy of this form is to be sent) Address EOTION Expeline Co. P.O. Box 4666, Houston, TX 77210-4666, Suite 2604 ino or D y Gas (Give address to which approved copy of this form is to be sent) Address If well produces oil or liquids, Sec. TWD. Rge. Is gas actually connected? When? give location of tanks. Yes Unknown 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 Deepen Plugback Same Res'y Diff Res'v Designate Type of Completion - (X) 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 Peforations Depth Casin; g TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF 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 OIL CONSERVATION DIVISION 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 DEC 1 5 1993 ORIGINAL SIGNED BY JERRY SEXTON Signature DISTRICT I SUPERVISOR J. K. Ripley Title Printed Name Title 11/30/93

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.

(915)687-7148

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

Date