

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT

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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

Operator Chevron U.S.A. Inc.

Address P. O. Box 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate

Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eunice Monument South Unit</u>	Well No. <u>134</u>	Pool Name, including Formation <u>Eunice Monument G-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Arco, Shell &amp; Texas New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natl Gas</u>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, give location of tanks.	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.

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.

L. L. L. L.  
(Signature)  
New Mexico Area Supt.  
(Title)  
1-22-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 4 - 1988, 19  
BY \_\_\_\_\_  
TITLE ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

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.

# COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Other
STH 10-16-87				X				
Date Compl. Ready to Prod.	10-19-87		Total Depth		3823		P.B.T.D.	
Drillings (DF, RKB, RT, GR, etc.)	3526		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Cementations							Depth Casing Shoe	

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NO CHG			

## TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed 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.)	
10-26-87	11-4-87	Prod. pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	35	35	2" W/O
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	5	23	5

## 3 WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Drilling Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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