STATE OF NEW MEXICO		
NERGY AND MINERALS DEPARTMENT		·
	VATION DIVISION	Form C-104 Revised 10-01-78 Format 06-01-83
P. O.	BOX 2088	Page 1
LAND OFFICE SANTA FE, N	EW MEXICO 87501	
TRANSPORTER OIL GAS REQUEST	FOR ALLOWABLE	
AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	
Character		
Chevron U.S.A. Inc.		
P. O. Box 670, Hobbs, New Mexico 8824	0	
	Other (Please explain)	
Recompletion Oil	Dry Gas	-
Change in Ownership Casinghead Gas	Condensate	•
change of ownership give name nd address of previous owner		
1. DESCRIPTION OF WELL AND LEASE		-
Vell No. Pool Name, Including	Formation	·
Lunice Monument South Unit /33 Eunice Monum	I this of Lease	Lease No.
Unit Letter D: 660 Feet From The North	Ine and 660 Feet From The (1)	ale
Line of Section 32 Township 205 Range	37E, NMPM,	Lea County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS	
rco, Shell & Texas New Mexico Pipeline	Address (Give address to which approved copy of th	is form is to be sent)
THE PECTIVE Febreary Gas Borner Gas Con Dry Gas	Address (Give address to which approved copy of th	is form is to be sens)
f well produces oil or liquids, Unit ' Sec. 'Twp. Rge. ive location of tanks.	is gas actually connected? , When	
<u>M</u> <u>4</u> 21S <u>36E</u>	yes unkn	own .
this production is commingled with that from any other lease or pool,	give commingling order number:	······································
OTE: Complete Parts IV and V on reverse side if necessary.		
. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVIS	SION
ereby certify that the rules and regulations of the Oil Conservation Division have in complied with and that the information given is true and complete to the best of knowledge and belief.	APPROVED JAN - 4 1000	. 19
Anowicage and Benefi.	BY ORIGINAL SIGNED BY JERRY SEX	
Λ	TITLE DISTRICT I SUPERVISOR	ON
- Imaning	This form is to be filed in compliance w	ith RULE 1104.
(Signature) New Mexico Area Supt.	If this is a request for allowable for a ne well, this form must be accompanied by a tab tests taken on the well in accordance with a	the deviation
(Tule) 12-17-87	All sections of this form must be filled on able on new and recompleted wells.	it completely for allow
(Date)	Fill out only Sections I. II. III. and VI well name or number, or transporter, or other au	
11	Separate Forms C-104 must be filed for completed wells.	each pool in multiply

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. COMPLETION DATA

Designate Type of Comple	etion - (X)		i Gas Well I I	' Naw Weil I	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
10-22-37	Date Compl. Ready to Prind.		Total Depth 3914		P.B.T.D.				
ovations (DF, RKB, RT, CR, etc		of Producing Formation		Top Oll/Gas Pay		Tubing Depth 3873			
CH- 37	00 .	3914	()				Depth Casir	ig Shoe	
<u></u>		TUBING, C	ASING, AN	DCEMENTI	NG RECOR	>			
HOLESIZE	CASI	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
				ļ				~	
						<u>-</u>	-		
	<u>_</u>								
TEST DATA AND REQUES	ST FOR ALLO		est must be a lo for this de	fter recovery pth or be for	of total volum full 24 hours)	e of load oil	and must be eq	ual to or exce	ed top allow-
10 First New Cli Hum To Tanks 10-30-87	Date of Tee	. 1/	3-87	Producing N	ASTROS (Flow,	pump, ses li	ft, etc.)		

10 20 01		pump	
agen of Test	Tubing Procesure 30	Casing Pressure	Choke Size 2 1 Web
ual Prod. During Test	Oll-Bbis.	Water - Bbis.	GaseMCF
		120	/30

<u>S WELL</u>

val Proa. Teet-MCF/D	Length of Test	Ebls. Condensato/MMCF	Gravity of Condensate	
ling Melhod (pitol, back pr.) Tubing Pi	Tubing Processo (Stat-12)			
	(22/2-14)	Casing Pressure (Shut-in)	Choke Size	

DEC 2 2 1967

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