STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

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

erator
Chevron U. S. A. Inc.

ress
P. O. 670, Hobbs, New Mexico 88240

son(s) for filing (Check proper box)

X New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil ____ Dry Gas
Casinghead Gas Condensate

Other (Please explain)

ange of ownership give name
address of previous owner ____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Eunice Monument South	135	Eunice Monument S.A.	Fee	

Unit Letter B : 865 Feet From The North Line and 1980 Feet From The East

Line of Section 31 Township 21S Range 37E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

e of Authorized Transporter of Oil X or Condensate ☐ | Address (Give address to which approved copy of this form is to be sent)
Arco, Shell & Texas New Mexico Pipeline

e of Authorized Transporter of Casinghead Gas X or Dry Gas ☐ | Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Nat Gas EFFECTIVE: February 1, 1982 GPM Gas Corporation

If produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	4	21S	36E	Yes	Unknown

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

E: *Complete Parts IV and V on reverse side if necessary.*

ERTIFICATE OF COMPLIANCE

y certify that the rules and regulations of the Oil Conservation Division have mplied with and that the information given is true and complete to the best of owledge and belief.

L. M. Sanders
(Signature)
Prod. Area Asst.
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED ____, 19____

BY Jerry W. Seay

TITLE Oil & Gas Inspector

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'v.	Res'v.
	X		X					

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-19-87	7-13-87	3950	3815

vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3529.8	Drinkard		

forations 4 JSPF 180° phased 20 holes 3790-3809 4 JSPF 180° phased, 26 holes 3653-68, 3686-91, 3716-20, 3752-54	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1077	700sx CLC
7 7/8	5 1/2	3950	650sx CLC

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
8-14-87	8-20-87	pump

gth of Test	Tubing Pressure	Casing Pressure	Choke Size
24	38	38	2" wo

al Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	7	160	14

GAS WELL

al Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size