

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
Chevron U. S. A. Inc.

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

Reason(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)	
<input type="checkbox"/> New Well		<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	<u>Split Connection on both oil & gas</u>	
<input type="checkbox"/> Recompletion		<input checked="" type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership		If change of ownership give name and address of previous owner _____			

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eunice Monument South Unit</u>	Well No. <u>528</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>M</u>	<u>3300</u> Feet From The <u>South</u> Line and <u>1660</u> Feet From The <u>West</u>			
Line of Section <u>4</u>	Township <u>21S</u>	Range <u>36E</u>	NMPM.	Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>ARCO, Shell, & Texas New Mexico Pipeline</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum & Phillips Petroleum 66 Nat Gas</u>	
Well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	<u>U : 4 : 21S : 36E</u> : <u>yes</u> : <u>unknown</u>

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.

III. 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.

Elvin Allen for CLM
(Signature)
New Mexico Area Superintendent
12-12-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 7 1987, 19____
BY Paul Kautz
TITTLE Geologist

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.