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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|---|----------------|
| Operator Chevron U.S.A., Inc. | | Well API No. |
| Address P. O. Box 670, Hobbs, New Mexico 88240 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | Status update. |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------|---|---|-----------|
| Lease Name Eunice Monument South Unit | Well No. 248 | Pool Name, including Formation Eunice Monument Grayburg S/A | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter S : 1980 Feet From The South Line and 1820.94 Feet From The West Line Section 06, Township 21S, Range 36E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|--------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Arco, Shell, Texas New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Nat. Gas & Warren Petroleum | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 04 |
| | Twp. 21S | Rgn. 36E |
| | Is gas actually connected? Yes | |
| | When? 10/88 | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--|---|---------------------------------|--------------|---------------------------|--------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded started 7-24-87 | Date Compl. Ready to Prod. 10-13-88 | Total Depth 3867' | | P.B.T.D. O. H. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation Eunice Monument GB/SA | Top Oil/Gas Pay 3770' | | Tubing Depth 3828' | | | | |
| Perforations 3770-3867 (OH) | | Depth Casing Shoe | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 16" | 12 1/2" | | 281' | | 200 sx circ | | | |
| 11 3/4" | 8 5/8" 32# | | 1388' | | 800 sx circ | | | |
| 7 7/8" | 5 1/2" 17# | | 3770' | | 800 sx circ | | | |
| | 2 7/8" 6.5# | | 3828' | | | | | |

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 10-13-88 | Date of Test 10/18/88 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs | Tubing Pressure 38# | Casing Pressure 38# | Choke Size 2" WO |
| Actual Prod. During Test | Oil - Bbls. 4 | Water - Bbls. 268 | Gas- MCF 16 |

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (plot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

| | |
|-----------------------------------|--------------------------------|
| Signature C. L. Morrill | NM Area Prod. Supt. |
| Printed Name 10-12-89 | Title (505) 393-4121 |
| Date | Telephone No. |

OIL CONSERVATION DIVISION

Date Approved **OCT 16 1989**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Aztec, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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GAS WELL

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|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.



Signature
C. L. Morrill NM Area Prod. Supt.
Printed Name
10-12-89 Title
(505) 393-4121
Date Telephone No.

OIL CONSERVATION DIVISION

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