

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-31-78
Format 06-31-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.
Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
☒ Change in Transporter of:
☒ Oil
☒ Gas
☐ Dry Gas
☐ Condensate
☐ Other (Please explain)
Split Connection on both oil & gas

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name
Eunice Monument South Unit
Well No. **250** Pool Name, including Formation **Eunice Monument, G-S.A**
Kind of Lease **State, Federal or Fee** Lease No. _____

Location
Unit Letter **U** : **660** Feet From The **South** Line and **581** Feet From The **West** Line of Section **6** Township **21S** Range **36E** NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
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 Gas ☒
Texaco and Phillips Petroleum **GPM Gas Corporation** Address (Give address to which approved copy of this form is to be sent) _____

Well produces oil or liquids, or location of tanks. Unit **P** Sec. **6** Twp. **21S** Rge. **36E** Is this well a recompletion? **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.

Elvin Allen for CLM
New Mexico Area Superintendent
(Signature)
12-11-84
(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 6 1987**, 19 _____

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

TITLE _____

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.

II. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.				
Elevations (DF, RKS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

OS WELL

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

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HOBBS OFFICE

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CHEVRON U.S.A. INC.
Address
P. O. Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Name Change Effective 7-1-85
If change of ownership give name and address of previous owner
Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South	Well No. 250	Pool Name, including Formation Eunice Monument	Kind of Lease State, Federal or Fee	Lease No. B-230-1
Location Unit Letter U : 660 Feet From The South Line and 581 Feet From The West Line of Section 6 Township 21S Range 36E NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke Drive, Midland, TX 79701
If well produces oil or liquids, give location of tanks. Unit T Sec. 6 Twp. 21S Rge. 36E	Is gas actually connected? When 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.

VI. 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.

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 14 1985
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.
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