NERGY AND MINERALS DEPARTMENT

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IL CONSERVATION DIVISIO..
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State [ ] Fee [X]

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name
Eunice Monument South

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name
Uni

Address of Operator
P. O. Box 670, Hobbs, NM 88240

9. Well No.
246

Location of Well
UNIT LETTER Q . 1980 FEET FROM THE South LINE AND 660 FEET FROM

10. Field and Pool, or Wildcat
Eunice Monument G/SA

THE East LINE, SECTION 6 TOWNSHIP 21S RANGE 36E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]
TEMPORARILY ABANDON	[ ]		
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]
OTHER Deepen, perf, treat	[X]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]		

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 3885'
It is proposed to deepen well 91', perf and treat as necessary. Well will be returned to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED F A Smith for MEA TITLE Staff Drilling Engineer DATE 11-6-87

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE NOV 13 1987

CONDITIONS OF APPROVAL, IF ANY:

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease
State [ ] Fee [X]

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name
Eunice Monument South Unit

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name
Eunice Monument South Unit

Address of Operator
P. O. Box 670, Hobbs, NM 88240

9. Well No.
246

Location of Well
UNIT LETTER O, 1980 FEET FROM THE South LINE AND 660 FEET FROM
East LINE, SECTION 6 TOWNSHIP 21S RANGE 36E NMPM.

10. Field and Pool, or Wildcat
Eunice Monument G-SA

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER cellar inspection	[X]

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dug up cellar and repiped the casing valve to surface.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Elvan Allen for CLM TITLE New Mexico Area Supt. DATE 2-12-87

APPROVED BY R Abadie TITLE OIL & GAS INSPECTOR DATE 2-24-87

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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:

- [X] Oil
- [X] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other (Please explain): Split Connection on both oil & gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit	246	Eunice Monument G-SA	State, Federal or (Fee)	

Location

Unit Letter O : 1980 Feet From The South Line and 660 Feet From The East

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 [X] 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 Casinghead Gas [X] or Dry Gas [ ]: Texaco and Phillips ~~Petroleum~~ GPM Gas Corporation (Prod 66 Nat. Gas)

Address (Give address to which approved copy of this form is to be sent): EFFECTIVE: February 1, 1992

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	6	21S	36E	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.*

V. 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.

Elvira Allen for CLM
(Signature)
New Mexico Area Superintendent
(Title)
12-11-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1987, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, 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

VI. 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

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

GAS WELL

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