

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name Eunice Monument South Unit
6. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name Eunice Monument South Unit
6. Address of Operator P. O. Box 670, Hobbs, NM 88240	9. Well No. 222
10. Location of Well 0 3300 FEET FROM THE South LINE AND 1980 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:

<input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> PARTIALLY ABANDON <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CR	<input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> CR	<input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER	<input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> cellar inspection
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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 reapipe the casing valve to surface

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

By <u>Elvin Allen for CLM</u>	TITLE <u>New Mexico Area Supt.</u>	DATE <u>2-12-87</u>
By <u>R. H. Huddle</u>	TITLE <u>OIL &amp; GAS INSPECTOR</u>	DATE <u>2-24-87</u>

SIGNATURES OF APPROVAL, IF ANY:

RECEIVED  
FEB 19 1987  
OCCD  
HOBS OFFICE

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PROMOTION OFFICE	

I. Operator  
Chevron U. S. A. Inc.

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

Reason(s) for listing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

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 Eunice Monument South Unit	Well No. 222	Pool Name, including Formation Eunice Monument, G-SA	Kind of Lease State, Federal or Fee	Lease No. State
Location Unit Letter <u>0</u> : <u>3300</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>21S</u> Range <u>36E</u> , 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"/> Texaco and Phillips Petroleum Co. 66 Natl Gas GPM Gas Corporation	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 <u>P</u> Sec. <u>6</u> Twp. <u>21S</u> Rge. <u>36E</u>	Is gas actually connected? <u>yes</u> When <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.

VI. CERTIFICATE OF COMPLIANCE

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

12-11-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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.

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DEC 23 1985

OCD  
HOBBS OFFICE

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
PROMOTION 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

I. Operator  
CHEVRON U.S.A. INC.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinhead Gas	

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 <i>Eunice Monument South</i>	Well No. <i>222</i>	Pool Name, including Formation <i>Eunice Monument</i>	Kind of Lease (State, Federal or Fee) <i>B-244-1</i>	Lease No.
Location Unit Letter <i>0</i> : <i>3300</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>East</i>				
Line of Section <i>6</i> Township <i>21S</i> Range <i>36E</i> NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Shell Pipeline Corp.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1910, Midland, TX 79701</i>	
Name of Authorized Transporter of Castinhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>4001 Penbrook Odessa TX 79761</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>M</i>	Sec. <i>5</i>
	Twp. <i>21S</i>	Rge. <i>36E</i>
	Is gas actually connected? <i>Yes</i>	When <i>Unknown</i>

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

AUG 14 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *Carroll K. Taylor*  
TITLE *DISTRICT 1 SUPERVISOR*

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

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