Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240

<u>DISTRICT II</u>

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

P. O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Classical LCA - I										Well API No.			
Chevron U.S.A., Inc.									30	30 - 025-04542			
P. O. Box 1150, Midland, TX 793	702	_		_									
Reason (s) for Filling (check proper box)							Other	(Please exp	lain)				
New Well Recompletion	Chang Oil	ge in Trans	_	. C	$\overline{}$								
Recompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate													
If chance of operator give name and address of previous operator	- Cashighead Gas	· [<u>е Ц</u>	- <u>-</u> .							
II. DESCRIPTION OF WELL A	AND LEASE												
Lease Name	ne, Inc	ncluding Formation					of Lease	Lease No.					
Eunice Monument South Unit 292 Eunice						ont			State	e, Federal or Fee			
Eunice Monument South Unit P92 Eunice Monument Location													
Unit Letter G	_ :	1980	Feet From	The	North		Line a	and	1980	Feet From The	East Line		
Section 07 Township	218		Range		66E		, NMI	PM.	Lea		County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)													
EOTT Oil Pipeline Co., ARCO, Texas New Mexico Pipeline P.O. Box 4666, Houston, TX 77210-4666, Suite 260										66, Suite 2604			
Name of Authorized Transporter of Casingh	ead Gas	or D	y Gas		Addre	ess	(Give	address to	which appro	ved copy of this fo	orm is to be sent)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas a	ctually	conne	cted ?	When?				
give location of tanks.													
	E				1	Yes			<u></u>	Unknown			
If this production is commingled with that fr IV. COMPLETION DATA	om any other lea	ise or pool,	give com	minglin	g order nu	ımber:				.			
17. COM EDITON DATA		Oil Well	Gas W	ell N	lew Well	Work	over	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion										Same Res	Jan Res V		
Date Spudded Date Compl. Ready to Prod.					Total Depth P				P. B. T. D.	P. B. T. D.			
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Peforations									Depth Casin; g				
	777	IDING CA	CINC AN	ID CE	CENTEN	3 DEG	ODD						
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET				T	SACKS CEMENT			
					DEI III OEI				OTERO CHILITI				
				+					 				
V. TEST DATA AND REQUES	T FOR ALL	OWABI	E						<u> </u>				
OIL WELL (Test must be after re				must b	e equal to	or exce	eed top	allowable f	for this depth	or be for full 24	hours)		
Date First New Oil Run To Tank					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 C	Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)				Choke Size				
				+					<u> </u>				
I hereby certify that the rules and regulati	ons of the Oil Co	onservation					OIL	. CONS	ERVAT	TON DIVIS	ION		
Division have been complied with and that the information given above					FEB 03 1994								
is true and complete to the best of my knowledge and belief.					Date Approved								
a. K. Ripley					By ORIGINAL SIGNED BY JERRY SEXTON								
Signature					DISTRICT 1 SUPERVISOR								
J. K. Ripley	T.A.				Title			···					
Printed Name 12/8/93	Title (915)	6 87 -7149		1									
12/8/93 (915)687-7148 Date Telephone No.													

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.