Submit 5 Copies Appropriate District Office DISTRICT I

Energy, Minerals and Natural Resources Departme.

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

OIL CONSERVATION DIVISION P. O. Box 1980, Hobbs, NM 88240

P. O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.									ell API No.		
Address P. O. Box 1150, Midland, TX 79702									30 - 025-04546		
Reason (s) for Filling (check proper box,)					Oth/	ei (Please ex	xnlain)			
New Well Recompletion	C: Oil	Change in Ti	_			لــا		rpuius,			
Change in Operator	Oil Casinghead	i Gas	X	Dry Ga Conden							
If chance of operator give name and address of previous operator	<u> </u>						_				
II. DESCRIPTION OF WELL	. AND LEA	SE					 -				
T					Including Fo	rmation		TKi	nd of Lease	Lease No.	
Eunice Monument South Unit 327			ŀ	Eunice Monument G-SA					ate, Federal or Fee	Lease No.	
1											
Unit Letter I : 1980		1980		From The				660	Feet From The	<u>East</u> Line	
Section 07 Township			Range		36E	<u>. NM</u>	IPM,	Le	a	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OL	L AND	NATU							
X					Address (Give address to which approved copy of this form is to be sent)						
EOTT Oil Pipeline Co., ARCO, Texas-New Mexico Pipel Name of Authorized Transporter of Casinghead Gas or Dy Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit	Sec.							ovea copy of this fo	rm is to be sent)	
give location of tanks.	Ont	Sec.	Гwp.	Rge.	. Is gas a	Is gas actually connected?			When?		
If this production is commingled with that from any other lease or pool, give comm					Yes Yes				Unknown		
IV. COMPLETION DATA				Junione	ing order na	mber:					
Designate Type of Completion	· (Y)	Oil W	ell Gas	s Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth		P. B. T. D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Format.on					Top Oil/Gas Pay				Tubing Depth		
Peforations					Top on our Tay						
								Depth Casi	n; g		
HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD DEPTH SET						
	TODING GIZE				DEPTH SET			SACKS CEMENT			
V TECT DATA AND DECLIES								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR AL	LOWAL	BLE		· /						
Date First New Oil Run To Tank Date of Test					st be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Fressure										
Actual Prod. During Test					Casing Press			Choke Size	Choke Size		
	Oil - Bbls.				Water - Bbls.			Gas - MCF			
GAS WELL Actual Prod. Test - MCF/D	1										
	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Condensate		
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size	Choke Size		
I hereby certify that the rules and regulati	ions of the Oil	Conservati	on			OIL	CONS	FRVAT	TON DIVISI	ON .	
Division have been complied with and th	at the informati	ion given a	bove		OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved FEB 63 1994						
Signature Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
J. K. Ripley T.A. Printed Name					Title						
12/8/93	Title (915	: 5)687-714:	8			Section 1					
Date		elephone No									
INSTRUCTIONS, This committee to	1 1 1										

NSTRUCTIONS: 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.