

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES ORDERED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	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. 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)
Other Split Completion

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. 333	Pool Name, including Formation Eunice Monument G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 7 Township 21S Range 36E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ ARCO, SHELL & TEXAS NM PIPELINE	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐ TEXACO PROD. PHILLIPS 66 NATL GAS & WARRICK GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit M Sec. 4 Twp. 21S Rge. 36E	Is gas actually connected? YES When 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.

[Signature]
(Signature)
NM Area Supr
(Title)
5-14-87
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 19 1987

BY Orig. Signed by Paul Kautz
TITLE Geologist

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 7-2-36	Date Compl. Ready to Prod. 5-6-85	Total Depth 3920		P.B.T.D. 3920					
Elevations (DF, RKB, RT, GR, etc.) 3622' GL	Name of Producing Formation Eunice Monument G/SA	Top Oil/Gas Pay 3787		Tubing Depth 3866					
Perforations Open Hole Completion		3787-3920		Depth Casing Shoe 3787					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
No New Casing									

V. 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 5-6-87	Date of Test 5-6-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size 100
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 168	Gas - MCF 193

GAS WELL

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

RECEIVED
 MAY 11 1987
 WORDS OFFICE