

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Address P.O. Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain) PREVIOUSLY CI - NOW PRODUCING

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eunice Monument South Unit</u>	Well No. <u>288</u>	Pool Name, including Formation <u>Eunice Monument Gray, SA</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. _____
Location				
Unit Letter <u>C</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>WEST</u>				
Line of Section <u>7</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>LEA</u> 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"/> <u>TEXAS New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, MIDLAND, TX. 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001. PENBROOK, ODESSA, TX. 79762</u>
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	<u>A</u> : <u>7</u> : <u>21S</u> : <u>36E</u> : <u>YES</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

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.

MW Casey
(Signature)
DIVISION PRORATION ENGINEER
(Title)
12-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 3 - 1986, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		X			X				
Date Spudded 3-26-36	Date Compl. Ready to Prod. 9-15-85	Total Depth 3905		P.B.T.D. 3905					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth 3883					
Perforations OPEN HOLE COMPLETION							Depth Casing Shoe 3826		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
No New Csg.									
TUBING —		2 3/8"		3883'					

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 9-15-85	Date of Test 12-23-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 2 1/2 hrs.	Tubing Pressure 40	Casing Pressure 40	Choke Size W/O
Actual Prod. During Test 328	Oil - Bbls. 10	Water - Bbls. 318	Gas - MCF 39

GAS WELL

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

RECORDED

JAN 9 - 1986