State of New Mexico Energy, Minerals and Natural Resources Department

abmit 5 Copies opropriate District Office

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P. O. Drawer DD. Artesia, NM 83210

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

OIL CONSERVATION DIVISION

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

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									We	il API No.	-		
Chevron U.S.A., Inc. Address										30 - 025-04575			
Address P. O. Box 1150, Midland, TX 79	702												
Reason (s) for Filling (cneck proper box)		-					Other (Ple	ase exp	lain)				
New Well		ge in Trans											
ecompletion Oil X Dry Gas hange in Operator Casinghead Gas Condensate													
: change in operator give name	Cashighead Gar	····		Ondens	atc []				 -				
and address of previous operator													
II. DESCRIPTION OF WELL A	AND LEASE	,											
.case Name Well No. Pool Name. In						ncluding Formation				id of Lease	Lease No.		
unice Monument South Unit 298 Eunice						e Monument				te, Federal or Fee			
Location													
Unit Letter E	:	1980	Feet Fr	om The	North	<u> </u>	ine and		660	Feet From The	West Line		
Section 09 Township	218		Range		36E	,	NMPM,		Le	a	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,	X Texas New	Mexic	io Pi	LLI peli:	ne	F	P.O. Bo	x 4666	. Houston	. TX 77210-46	66. Suite 2604		
Name of Authorized Transporter of Casingh			y Gas	DC 11	Addr					oved copy of this fo			
i well produces oil or liquids,	Train 1	S T	т	D					Iva à				
ive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas	actually co	onnected	1.7	When?				
						Yes				Unknown			
f this production is commingled with that fi	om any other lea	ase or pool	, give co	mmingl	ing order n	ımbe <u>r:</u>							
IV. COMPLETION DATA		Oil Well	Con	Well	[N' NY - II	[XX	i I TS		In	10 0	Intern		
Designate Type of Completion	- (X)	Oll Well	Gas	well	New Well	Worko	ver De	epen	Plugback	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.						1 <u></u> 1			P. B. T. D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
'eforations										Depth Casin; g			
									Depui Cas	ın; g			
TUBING, CASING AND C HOLE SIZE CASING & TUBING SIZE										CLOWO OF VENE			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
	 								ļ				
V. TEST DATA AND REQUES	T FOR ALL	OWABI	LE			· · · · · ·			<u> </u>				
OIL WELL (Test must be after re				nd must	be equal to	or exceed	d top alle	owable f	or this depi	h or be for full 24	hours)		
Date First New Oil Run To Tank Date of Test						Producing Method (Flow. pump, gas lift, etc.)							
ngth of Test Tubing Pressure					Casing Pressure				Choke Size				
\ctual Prod. During Test	l Prod. During Test Oil - Bbls.					Water - Bbls.				Gas - MCF			
GAS WELL	-												
ctual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF				Gravity of Condensate			
esting Method (pilot, back press.)	ng Method (pilot, back press.) Tubing Pressure (Shut - in)					Casing Pressure (Shut - in)				Choke Size			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved FEB 3 1994								
1.K. R. O. W.						By ORIGINAL SIGNED BY JERRY SEXTON							
Signature /					∠ y		<u>UKIGI)</u>	MSTP MSTP	ICT I SU	PERVISOR			
J. K. Ripley T.A.					Title								
Printed Name 12/8/93	Title (915)	687-7148											
12/6/93	(212)	00/-/140											

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.