

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04575
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling <i>(check proper box)</i> <input type="checkbox"/> Other <i>(Please explain)</i>		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 298	Pool Name, Including Formation Eunice Monument	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>09</u> Township <u>21S</u> Range <u>36E</u> NMPM. Lea 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"/>	Address <i>(Give address to which approved copy of this form is to be sent)</i>					
EOTT Oil Pipeline Co., ARCO, Texas New Mexico Pipeline	P.O. Box 4666, Houston, TX 77210-4666, Suite 2604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address <i>(Give address to which approved copy of this form is to be sent)</i>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					Yes	Unknown
If this production is commingled with that from any other lease or pool, give commingling order number: _____						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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 Formation		Top Oil/Gas Pay			Tubing Depth		
Reforations						Depth Casing		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(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 Tank	Date of Test	Producing Method <i>(Flow, pump, gas lift, etc.)</i>	
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 Condensate
Testing Method <i>(pilot, back press.)</i>	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. <u>J. K. Ripley</u> Signature J. K. Ripley Printed Name 12/8/93 Date	OIL CONSERVATION DIVISION Date Approved <u>FEB 09 1994</u> By <u>ORIGINAL SIGNED BY JERRY SEXTON</u> Title <u>DISTRICT I SUPERVISOR</u>
T.A. (915)687-7148 Telephone No.	