Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

Energy, Minerals and Natural Resources Departn

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P. O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30 - 025-04590 Chevron U.S.A., Inc. Address P. O. Box 1150, Midland, TX 79702 Othei (Please explain) Reason (s) for Filling (check proper box) New Well Change in Transporter of: Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If chance of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee **Eunice Monument South Unit** B17 **Eunice Monument** 1980 Feet From The South 1980 Feet From The West Line Unit Letter K Line and Lea 21S 36E NMPM. Section 10 Township Range 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) X EOTT Oil Pipeline Co., ARCO., Texas. Name of Authorized Transporter of Casinghead Gas P.O. Box 4666, Houston, TX 77210-4666, Suite 2604 Address (Give address to which approved copy of this form is to be sent) or D y Gas Is gas actually connected? When? If well produces oil or liquids, Unit Rge. give location of tanks. Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Diff Res'v Gas Well New Well Workover Deepen Plugback Same Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P. B. T. D. Date Spudded Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Peforations Depth Casin; g TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE 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 Producing Method Date of Test (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Length of Test Choke Size Water - Bbls. Gas - MCF Actual Prod. During Test Oil - Bbls. GAS WELL Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Gravity of Condensate Tubing Pressure (Shut - in) Casing Pressure (Shut - in) Choke Size Testing Method (pilot, back press.) **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved FEB #3 1994 is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Signature Title J. K. Ripley T.A.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

12/8/93

- 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.

Title

(915)687-7148

Telephone No.

- 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.