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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

Operator
Chevron U. S. A. Inc.
Address

P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
☐ New Well	☒ Oil	Split Connection on both oil & gas
☐ Recompletion	☐ Dry Gas	
☐ Change in Ownership	☒ Casinghead Gas	☐ Condensate

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Eunice Monument South Unit	317	Eunice Monument G-SA	State, Federal or Fee
Location	Unit Letter	Feet From The	Lease No.
	K	1980 Feet From The South Line and 1980 Feet From The West	
Line of Section	10	Township	21S
		Range	36E
		N.M.P.M.	Lea County

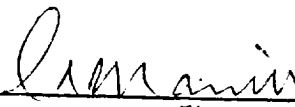
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)	
RCO. Shell. & Texas New Mexico Pipeline			
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
GPM Gas Corporation			
Warren Petroleum & Phillips 66 Natl Gas	EFFECTIVE	February 1, 1992	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.
	M	4	21S
			36E
Is gas actually connected?	When		
yes	unknown		

his 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.

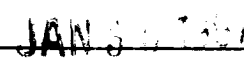
CERTIFICATE OF COMPLIANCE

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)
New Mexico Area Superintendent

1-27-87
(Date)

OIL CONSERVATION DIVISION

APPROVED  , 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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 classification.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reary	Diff. Reary
Is Spaced	Date Compl. Ready to Prod.	Total Depth			P.S.T.D.				
ations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
ations				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE --	DEPTH SET	SACKS CEMENT --

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
in of Test	Tubing Pressure	Casing Pressure	Choke Size
in Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

in Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
ing Method (pilot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

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JAN 29 1987
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