

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER- Injector

Name of Operator
Chevron U.S.A. Inc.

Address of Operator
P.O. Box 670 Hobbs, NM 88240

Location of Well
UNIT LETTER N 660 South 1980

West 10 21S 36E
TNE LINE, SECTION TOWNSHIP RANGE NMPM.

7. Unit Agreement Name
Eunice Monument South Unit

8. Farm or Lease Name

9. Well No.
344

10. Field and Pool, or Wildcat
Eunice Monument G/SA

11. Elevation (Show whether DF, RT, GR, etc.)
3564' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐
PARTIALLY ABANDON ☐
OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Deepen and convert to injection ☒

OTHER ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Clean out to TD @ 3865'. Deepen well from 3865' to 3947'. Log well.
Add additional Grayburg perforations as logs indicate. Acidize as necessary.
Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes.
Return to production as an injector.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

M. E. Adams TITLE Staff Drilling Engineer

DATE 1-6-1987

ORIGINAL SIGNED BY JERRY SEXTON

VED BY DISTRICT SUPERVISOR

TITLE

DATE

DITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 7 1987
CCD
HOBBS OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

I. Operator
CHEVRON U.S.A. INC.
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gas
☐ Condensate
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Name Change Effective 7-1-85

If change of ownership give name and address of previous owner: Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eunice Monument South</u>	Well No. <u>344</u>	Pool Name, including Formation <u>Eunice Monument</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit	Unit Letter <u>N</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>West</u>
Line of Section <u>10</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 <u>Shell Pipeline Corp.</u>	or Condensate	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, Midland, TX 79701</u>
Name of Authorized Transporter of Casinghead Gas <u>Phillips Petroleum</u>	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) <u>4001 Pembroke, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u>	Sec. <u>10</u>	Twp. <u>21S</u>
Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u>	When <u>Unknown</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.

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 9 1985, 19
BY James A. Taylor
TITLE DISTRICT 1 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.

DISTRIBUTION	
AREA PE	
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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-
Effective 1-1-65

Operator Sulf Oil Corporation
Address P.O. Box 670, Hobbs, NM 88240
Person(s) for filing (Check proper box)
New Well ☐ Change in Transporter of Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☒ Casinghead Gas ☐
Other (Please explain) Change Lease name and shell number effective 4-25-85
AJ Addins No. 5
If change of ownership give name and address of previous owner Exxon

DESCRIPTION OF WELL AND LEASE
Lease Name Exxon Monument South Well No. 344 Pool Name, including Formation Exxon Monument Kind of Lease Fee Lease No.
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West
Line of Section 10 Township 21-S Range 36-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland TX 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Address (Give address to which approved copy of this form is to be sent) 4001 Brook Road, Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit M Sec. 10 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:
COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
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		
Perforations						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 lost 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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/MSCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. <u>RDP Pite</u> (Signature) <u>AREA ENGINEER</u> (Title) <u>5-8-85</u> (Date)	OIL CONSERVATION COMMISSION MAY 20 1985 APPROVED _____, 19____ BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> 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 deviate 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 change of well name or number, or transporter, or other such change of title.
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MAY 17 1985

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HOMER OFFICE