

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2038
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)		Other (Please explain)
☐ New Well	Change in Transporter of: ☒ Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate	Split Connection on both oil & gas
☐ Recompletion		
☐ Change in Ownership		

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Eunice Monument South Unit	315	Eunice Monument G-SA	State, Federal or Fee Fee
Location	Unit Letter	Feet From The	Feet From The
	I	1980 South Line and	660 East
Line of Section	Township	Range	Lea County
10	21S	36E	

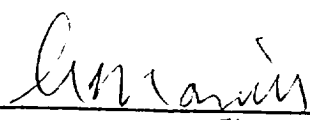
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)		
ECO. Shell, & Texas New Mexico Pipeline			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give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

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.

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
(Title)
1-27-87
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 30 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 conditions.

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. Res.

Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Observations			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.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pt.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

RECEIVED
 JAN 29 1987
 GUD
 RECORDS OFFICE