

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P. O. Box 2088
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04601
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 chance of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 304	Pool Name, including Formation Eunice Monument	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line				
Section 10 Township 21S Range 36E , 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			
Perforations					Depth Casin; g			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

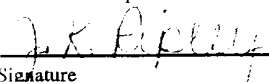
V. TEST DATA AND REQUEST FOR ALLOWABLE

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. <div><div> Signature J. K. Ripley</div><div>T.A. Title (915)687-7148 Telephone No.</div></div>	<div>OIL CONSERVATION DIVISION</div> <div>Date Approved FEB 13 1994</div> <div>By ORIGINAL SIGNED BY JERRY SEXTON</div> <div>DISTRICT I SUPERVISOR</div> <div>Title</div>
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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.

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.

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name Eunice Monument S. Unit
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Well No. 304
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1960</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Eunice Monument G/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3587	12. County Lea

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Deepen, add perfs, acidize ☒

17. 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.

POOH w/production equipment. Clean out to 3890'. Deepen to 3935'. Circ hole clean and perf 20 holes f/ 3722-24, 3729-31, 3736-38, 3347-49, 3756-58, Acidize w/4000 gallons 15% NEFE HCL. RIH w/production equipment. Return to production. Work performed 4-26-87 - 5-3-87.

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

SIGNED M. E. Abbin TITLE Staff Drilling Engineer DATE May 15, 1987
Orig. Signed by
Paul Kautz
Geologist
APPROVED BY _____ DATE MAY 15 1987