## State of New Mexico ergy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

District RC PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION** PO Box 2088 Santa Fe, NM 87504-2088

Instruction on back Submit to Appropriate District Office 5 Copies

District IV

☐ AMENDED REPORT

PO Box 2088, Santa	•			ALLO	WABL	E AND	AUTI	HORIZA	TION TO	TRAN	SPORT		
<sup>1</sup> Operator Name and Address									<sup>2</sup> OGRID Number				
Chevron U. S. A., Inc. P. O. Box 1150									4323  Reason for Filing Code New Gas POD's				
	<u>.</u>	Delete Previous Gas POD's											
<sup>4</sup> API Numbe 30 - 025 - 0460 <sup>4</sup>		ame 6 Pool Code 23000											
<sup>7</sup> Property Code <sup>8</sup> Property							lame				9 W	ell Number	
II. 10 Surface	Eu	South	Unit				306						
	ction Township Range Lot Idn. Feet from the							h/South Line	Feet from th	e East	West Line	County	
E	11	218	36E			1980	1980 North				West	Lea	
	Bottom Hole Location												
Ul or Lot. No. Secti	ion Tow	ownship Range Lot Idn. Fee			t from the	North/S	outh Line	Feet from the	East/W	Vest Line County			
	ducing Met	thod Code	ode 14 Gas Connection Date 1		15 C-129 Permit Number 16			C-129 Effective	Date	<sup>17</sup> C-129 Expiration Date			
<i></i>	5 P 2/1/92											<del></del>	
III. Oil and Gas	III. Oil and Gas Transporters  18 Transporter 19 Transporter Name 20 POD										JLSTR Loca	tion	
OGRID	<del></del>		and Add					<sup>21</sup> O/G			d Description		
024650	Warr	en Petro	leum			2815	419	G					
	P.O. I	Box 1589	), Tulsa,	OK 741	02					L-11	-21S-36E		
009171	GPM	Corp.				2815	15420 G L-11-215-36e						
	4001 Penbrook, Odessa, TX 7976								L ((	· <u> </u>	15	<i>DE</i>	
IV. Produced V	Vater												
<sup>23</sup> POD					:	<sup>24</sup> POD ULS	TR Loca	ation and D	escription				
V. Well Comp	letion I	Data											
<sup>25</sup> Spud Dat	<sup>26</sup> Spud Date <sup>26</sup> F					<sup>27</sup> TD			<sup>28</sup> PBTD		29 F	Perforations	
<sup>30</sup> Hole	Size		<sup>31</sup> Ca	<sup>31</sup> Casing & Tubing Size				<sup>32</sup> Depth	Set		<sup>33</sup> Sacks Cement		
VI. Well Test I		35.0.0	<del></del> [	36		. 1	37 -		38				
Date New Oil	<sup>34</sup> Date New Oil <sup>36</sup>			as Delivery Date 36 Test Date				st Length	30 160	j. Pressu	re 3	Csg. Pressure	
<sup>40</sup> Choke Size	<sup>41</sup> Oi	ı	4	<sup>12</sup> Water		<sup>43</sup> Gas		<sup>44</sup> AOF		41	Test Method		
<sup>46</sup> I hereby certify that the rules of the Oil Conservation Division have been								OII C	ONSERVA	AOITA	DIVISI		
complied with and the the best of my know			given abo	ve is true	and cor	mplete to		0.2					
Signature: O.K. Ripley								Approved by:					
Printed Name	nlow	7		-			Title:						
J. K. Ripley  Title:								ed Date:	ANG 09 1005			5	
T.A.  Date: Phone:							The state of the s						
7/26/95  47 If this is a chan		ator fill in		687-714 number	•	e of the pre	vious or	perator			<del></del>		
Previous Op	Previous Operator Signature Printed Name											Date	

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

P. O. Drawer DD, Artesia, NM 88210

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

DISTRICT II

Energy, Minerals and Natural Resources Depai

OIL CONSERVATION DIVI.

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

<u>I.</u>												
Operator Chevron U.S.A., Inc.										ı	API No.	
Address		<del> </del>						<del></del> -		30	- 025-04604	
P. O. Box 1150, Midland, TX												
Reason (s) for Filling (check proper to		ange in Tra		<b>c</b> .		Ш	Othe	ei (Please ex	xplain)			
Recompletion	Oil	ange in Ira	nsporter X	oi: Dry Ga	s $\square$							
Change in Operator	Casinghead (	Gas		Conden	sate 🔲							
If chance of operator give name and address of previous operator	<del>, _</del>											
II. DESCRIPTION OF WE	LL AND LEAS	SE				-					<del></del>	
Lease Name		Well No	o. Pool	Name, I	Including F	ormati	on				of Lease	Lease No
Eunice Monument South Un Location	306		Eunic	e Monu	-	·	State, Federal or Fee					
Unit Letter E	:	1980	_Feet F	rom The	Nor.	th	Line	and	660		Feet From The	Lin
Section 11 Town	ship 21S		Range		36E		, N'M	IPM,		Lea		County
III. DESIGNATION OF TR	ANSPORTER	OF OIL	AND	NATU	JRAL G	AS						
Name of Authorized Transporter of Oi	I X	or Conde	ensate		Add	ress	(Give	e address to	which ap	prov	ed copy of this fo	rm is to be sent)
EOTT Oil Pipeline Co., ARCO		Mexic	o Pi	لــا pelir	ne l		P.O	. Box 4666	6. Houst	ton.	TX 77210-466	66. Suite 2604
Name of Authorized Transporter of Ca	singhead Gas		D y Gas			ress					ed copy of this fo	
OTT Energy Pipeline	9 LP Unit	Sec.	Twp.	Rge.	. Is ga	actua	ally connected ?		When?			
give location 4-1-94					Yes					71.1.		
If this production is commingled with t	hat from any other	lease or poo	ol. give c	omming	ling order			<del></del>	<b>_</b>		Unknown	
IV. COMPLETION DATA		or poo	., g c c	ommang.	ing order	uumbe_			-		<del></del>	<del></del>
Designate Tune of Complete	(17)	Oil Wel	Gas	Well	New Wel	l Wo	rkover	Deepen	Plugba	ck	Same Res'v	Diff Res'v
Designate Type of Complete Date Spudded	Date Compl. 1	Ready to Pro	od.		Total Dep	ıth			P. B. T.	D		
Elevations (DE DVD DT CD -1-)												
	Elevations (DF, RKB, RT, GR, etc.) Name of Productions				Top Oil/Gas Pay				Tubing Depth			
Peforations									Depth C	Casin;	g	****
Hour over		UBING, C		AND C	EMENTIN							
HOLE SIZE	CASING	CASING & TUBING SIZE					H SET				SACKS CE	MENT
											_	<del> </del>
	<del></del>											
V. TEST DATA AND REQU	EST FOR ALI	LOWAB	LE		L				<u></u>		<del></del>	
OIL WELL (Test must be after	er recovery of total			ınd musi	be equal t	o or ex	ceed top	allowable j	for this de	epth c	or be for full 24 h	ours)
Date First New Oil Run To Tank	Date of Test				Producing		od	(Flow, pum	p, gas lift	. etc.,		
Length of Test	Tubing Pressu	ге			Casing Pro	ssure	<del></del>		Choke S	ize	<del></del>	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.				Gas - MCF					
GAS WELL					L	<del></del>		-	<u> </u>		<del></del>	
Actual Prod. Test - MCF/D							/MMCF	;	Gravity of Condensate			
Testing Method (pilot, back press	.) Tubing Pressur	Tubing Pressure (Shut - in)					Casing Pressure (Shut - in)			Choke Size		
<del></del>	<del></del>		<del></del>			<del>.</del>			l			
I hereby certify that the rules and reg							OIL	CONS	ERV	ATI	ON DIVISI	ON
Division have been complied with an is true and complete to the best of my	id that the information to the land help the	on gi <b>ven ab</b> lief	ove		Data	Anr	rove-	FEB.	. a .m	o i		
Set I dillet												
Signature		-			ORIGINAL SIGNED BY JERRY SEXTON							
J. K. Ripley	T.A.			ļ	Title		DI	STRICT I	SUPER	/ISO	R	
Printed Name	Title			1				<del></del>	<del></del>			<del></del>
12/8/93	(915	)687-7148	<u> </u>	[								

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.

blank

State of New Mexico

Submit 5 Copies Appropriate District Office

DISTRICT I P. O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Depar

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

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I.												
Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04604										
Address P. O. Box 1150, Midland, TX 79	702											
Reason (s) for Filling (check proper box)				_	-	Othe	(Please exp	lain)				
New Well	Ch	ange in Trans	porter of	<u>:</u>								
Recompletion	Oil	_	X D	ry Gas								
Change in Operator	Casinghead (	Gas	C	ondens	sate							
If chance of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEAS									- <b>-</b>		
Lease Name		Well No.	Pool N	iame, Ii	ncluding For	mation		1	d of Lease e, Federal or Fee	Lease No.		
Eunice Monument South Unit		306	L F	Eunice	e Monum	ent		Stat	e, reuciai oi rec			
Location						,						
Unit Letter E	:	1980	Feet Fro	om The	North	Line	and	660	Feet From The	West Line		
Section 11 Township	218		Range		36E	, NM	РМ,	Lea	1	County		
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND N	IATU	RAL GA	S	•					
Name of Authorized Transporter of Oil		or Conder			Addre	ess (Give	e address to	which appro	wed copy of this f	orm is to be sent)		
Tromm on Pr. H. G.	X		<b>-</b> .	Ļ		D.O	D 4666		TV 77310 46	CC S-:4- 2004		
Name of Authorized Transporter of Casing			y Gas	eliu	e Addre					orm is to be sent)		
Name of Audionzed Transporter of Casing	leau Gas	01 D	y Cas		-   Addin	.33 (0176	. uauress 10	witten uppro	ved copy of may			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas a	ctually conre	ected?	When?		•		
give location of tanks.						Yes						
If this production is commingled with that t	rom any other	lease or pool	give co	mmina	ling order na				Unknown			
IV. COMPLETION DATA	roin any outer	lease or poor	, 5110 00		ing order no	-						
		Oil Well	Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion			<u> </u>				<u> </u>	_				
Date Spudded	Date Compl.	Ready to Pro	od.		Total Depti	1		P. B. T. D.	<sup>2</sup> , B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro-	ducing Forma	ation		Top Oil/Ga	s Pay		Tubing De	Tubing Depth			
Peforations					1			Depth Casi	in; g	<del></del>		
		TUBING, CA	ASING A	AND C	EMENTING	G RECORD						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS C	EMENT		
					ļ							
	+		_					<del> </del>				
					<u> </u>		– . – .					
V. TEST DATA AND REQUES												
OIL WELL (Test must be after r		il volume of l	oad oil a	nd mus						hours)		
Date First New Oil Run To Tank	Date of Test				Producing :	Method	(riow, pum	ıp, gas lift, ei	C. 1			
Length of Test	Tubing Press	sure			Casing Pres	ssure		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bb	ls.		Gas - MCF				
CACWELL	1				1			<u>l</u>				
GAS WELL Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Cond	ensate/MMC	F	Gravity of	Condensate			
	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size				
Testing Method (pilot, back press.)	Tubing Press	sure (Snut - in		···	Casing Pre	ssure (Snut - 1	in)	Choke Size	<del></del>			
I have been a seriffered to take a series and a series of the series and the series of the seri	· · · · · · · · · · · · · · · · · · ·	I C	_			OII	CONS	SERVA.	TION DIVIS	SION		
I hereby certify that the rules and regula  Division have been complied with and the						Oil	_ OONS	JEIN V M	IIOIA DIAI	J. U. 14		
is true and complete to the best of my kr		_			Date	Approve	dr <u>L</u>		4			
The state of the s			By PANES BY ISCAN SEXTON									
Signature					By ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR							
J. K. Ripley	T	A			Title		istrict i	POLEKAI	JVII			
Printed Name	Titl											
12/8/93	(91	15)687-7148	8		1							

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