

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
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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

I.

Operator Chevron U. S. A. Inc.		
Address P. O. 670, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 314	Pool Name, including Formation Eunice Monument G-SA	Kind of Lease State, Federal or Fee State	Lease No. B-1115
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>21S</u> Range <u>36E</u> , NMPLM, 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"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. Natl Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79761			
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>11</u>	Twp. <u>21S</u>	Rge. <u>36E</u>
	Is gas actually connected?		When	
	Yes		3/8/86	

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. Pate  
(Signature)

Production Engineer

(Title)

3/24/86

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 26 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 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 condition.

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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			

#### V. 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)

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

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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MAR 25 1986  
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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Eunice Monument South 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. 314
4. Location of Well UNIT LETTER <u>B</u> 1980 FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>21</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Eunice Monument
15. Elevation (Show whether DF, RT, GR, etc.)	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 ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER Deepen well & run liner ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

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.

Propose to deepen the well from 4091 to 4125 and run 4" liner to bottom.

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

SIGNED P.H. Bailey by J.M. Mullen 12-6-85 TITLE Division Drilling Manager DATE 12/6/85

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 30 1985

CONDITIONS OF APPROVAL, IF ANY: