District I PO Box 1980,	, Hobbs,	NM 8824	1-1980	' ı			f New latural Re			artment			Revised F	Form C- ebruary 10, 1	
District RC PO Drawer DD, Artesia, NM 88211-0719					nergy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION						Instruction on b Submit to Appropriate District Of				
District III 1000 Rio Braz	oo Pd	Arton NIK	0741	<u>^</u>	PO Box 2088 Santa Fe, NM 87504-2088									5 Co	
	os Ka., ,	AZTEC, NN	8741	0	Sant	ta Fe, I	NM 87	504-2	2088			-	-		
District IV PO Box 2088,	Santa F	e, NM 87	504-20	88								L	J AMEN	IDED REPO	
l		RE		ST FOF	R ALLO	WAB	LE AN	D A	UTH	ORIZA	TION TO	TRAN	ISPOR	Г	
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			ron U. . Box	J. S. A., 1150	inc.								432		
				X 797	02						Delete Pre	^r Filing (vious (code New Gas POE	/ Gas POI)'s	
⁴ API 30 - 025 -	Number		⁶ Pool Nam Eunice Monumen						ame					Pool Code	
	erty Code						⁸ Proper			<u> </u>			9 \	23000 Vell Number	
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¹² Lse Code	¹³ Prod	ucing Meth	od Code	¹⁴ Gas	Connectio	n Date	¹⁵ C-129	Permi	it Numb	er ¹⁶	C-129 Effective	Date	¹⁷ C-129	Expiration Dat	
<i></i>		<u>}</u>		\perp	////	12									
II. Oil and ¹⁸ Transpor	r	Iransp		· · · · · · · · · · · · · · · · · · ·	r Nama		- <u> </u>	²⁰ POD		²¹ O/G		22 000 1			
OGRID			¹⁹ Transporter Name and Address							0/0	²² POD ULSTR Location and Description				
02465	0	Warre	ren Petroleum				28	1541	9	G					
		P.O. B	ox 158	1589, Tulsa, OK 74102								L-11	-21S-36	E	
00917	71	GPM (Corp.		281				5420 G $(-1)-21s-36e$						
		4001 I	Penbro	ok, Odess	a, TX 7	79762					t - ((-*	ストミ	; - Si	F.E.	
			<u> </u>												
V. Produc		ater		· · · · ·			24 POD 1		Locati	on and D	escription				
									Lucati						
V. Well C						·				<u>-</u> r					
²⁶ Sp	ud Date		²⁶ Ready Date				²⁷ TD				²⁸ PBTD		²⁹ Perforations		
3	³⁰ Hole S	ize	³¹ Casing & Tubing S			ubing Siz	iize ³² Depth			Set		³³ Sacks Cement			
												1		 	
VI. Well T	est D											•			
³⁴ Date New Oil		³⁵ Gas Delivery ³⁶ Date			Test Date			³⁷ Test Length		³⁸ Tbg. Press		ure ³⁹ Csg. Pressu			
⁴⁰ Choke Size			⁴¹ C	⁴¹ Oil		⁴² Water			⁴³ Gas		44 AOF			⁴⁵ Test Meth	
⁴⁶ I hereby ce complied with										OIL C				ION	
the best of my Signature:									proved				-	ION	
<u> </u>	I.K.	<u>Kiple</u>	'Y							•					
Printed Name: J.	K. Rip	/ ley	V					Tit	le:						
Title:								Ap	proved	Date:	1		9 1:05		
T. Date:	Α			Phone:							1				
	26/95				687-71	48									

Previous Operator Signature

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

Title

mo

Date

a a second

Abor of they UCD HUBBE OFFICE

PISTRICTI P. O. Box 1980, Hobbs, NM 88240

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

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

I.

OIL CONSERVATION DIVISION

P. O. Box 2088

Revised 1-1-89 See Instructions at Bottom of Page

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chevron U.S.A., Inc.									Well API No.			
Address									30 - 025-04606			
P. O. Box 1150, Midland, TX Reason (s) for Filling (check proper bo	79702											
New Well		- 1				Oth	ei (J ^o lease e	xplain)				
Recompletion	Oil	hange in Tr	ansporter of:	y Gas	1 1							
Change in Operator	Casinghea	d Gas	- H	ndensate	H							
If chance of operator give name and address of previous operator									- <u></u>			
II. DESCRIPTION OF WEL	LANDIE	SE	<u> </u>									
Lease Name		Well N	Io. Pool Nat	me. Inchi	iding Form	ation						
Eunice Monument South Unit									Kind of Lease State, Federal or Fee	Lease No.		
Location	[<u></u>	<u> </u>	nice M	Ionume	nt G-SA						
Unit Letter M	'	0660	Feet From	The	South	Line	and	660	Feet From The	West Line		
Section 11 Townsh	nip 21S		Rang	36	E	, NM	PM,	1	Lea			
III. DESIGNATION OF TRA	NSPORTE	λ OF OΠ	AND NA	TURA	L GAS					County		
Name of Authorized Transporter of Oil		or Cond	ensate		Address		address to	which ap	proved copy of this fo	rm is to be court)		
EOTT Oil Pipeline Co., ARCO,	Texas-No	w Mexi	co Pipe'	line						,		
Vane of Authorized Transporter of Casin	nghead Gas		D y Gas		Address	F.O. (Give	address to	b, Houst which an	on, TX 77210-466 proved copy of this fo	6, Suite 2604		
f well produces oil or liquids Gazatio Energy Pipeline	. Unit	Sec.	Twp.	Rge.	La con nor					in is to be sent)		
Heldcalio Engrgy Pipeline	e LIP		rwp. r	Ngc.	Is gas actually connected ?			When ?				
Effective 4-1-94		<u> </u>			Yes			Unknown				
this production is commingled with that V. COMPLETION DATA	it from any other	lease or poo	I, give comm	ungling o	order num	er:				_		
		Oil Wel	I Gas Wel	I Nev	w Well V	Vorkover	Deepen	Plugbac				
Designate Type of Completio						orkover	Бсерец	Flugbac	k Same Res'v	Diff Res'v		
	Date Compl.	Ready to Pro	od.	Tota	al Depth			P. B. T. I	 D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	lucing Form	ation	Top Oil/Gas Pay				Tubing Depth				
eforations		· <u> </u>					<u> </u>	_	.			
								Depth Ca	usin; g			
HOLE SIZE		TUBING, CASING AND C CASING & TUBING SIZE										
		S & TODIN	U SIZE		DEF	TH SET			SACKS CEN	<u>ÆNT</u>		
				1								
. TEST DATA AND REQUES	ST FOR AL	LOWAB	LE									
. TEST DATA AND REQUES IL WELL (Test must be after ate First New Oil Run To Tank	ST FOR AL	LOWABI	LE vad oil and mi	ust be eq	jual to or e	xceed top a	allo wable fo	or this dep	th or be for full 24 ho			
IL WELL (Test must be after a the First New Oil Run To Tank	ST FOR AL	LOWABI	L E vad oil and mi	ust be eq Produ	qual to or e ucing Meth	xceed top a od (1	allowable fo Flow, pump	or this dep , gas lift, e	th or be for full 24 ho etc.)	urs)		
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ate First New Oil Run To Tank	recovery of total Date of Test	volume of lo	LE vad oil and m	Casin	ng Pressure		+low, pump	, g <i>as lift, e</i> Choke Siz	etc.)	urs)		
ate First New Oil Run To Tank ength of Test ctual Prod. During Test	Tubing Pressu	volume of lo	LE vad oil and m	Casin			+low, pump	, gas lift, e 	etc.)	urs)		
7. TEST DATA AND REQUES DIL WELL (Test must be after a ate First New Oil Run To Tank ength of Test ctual Prod. During Test AS WELL ctual Prod. Test - MCF/D	recovery of total Date of Test Tubing Pressu Oil - Bbls.	volume of lo	LE wad oil and m	Casin Water	ng Pressure r - Bbls.		+low, pump	, g <i>as lift, e</i> Choke Siz	etc.)	urs)		
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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

2) All sections of this form must be filled out for allowable on new and recompleted wells.

 All sections of this form must be finded on for anomable of new and recomplete a state.
 Fill out only Sections 1, 11, 111 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.

aomit 5 Copies

Appropriate District Office DISTRICT

P. O. Box 1980, Hobbs, NM 88240 <u>)ISTRICT II</u>

P. O. Drawer DD, Artesia, NM 88210

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P O Box 2088

Santa Fe, New Mexico 87504-2088 **REQUEST FOR ALLOWABLE AND AUTHORIZATION**

TO TRANSPORT OIL AND NATURAL GAS

L Operator Well API No Chevron U.S.A., Inc. 30 - 025-04606 Address P. O. Box 1150, Midland, TX 79702 Reason (s) for Filling (check proper box) Other (Please explain) New Well Change in Transporter of: X Dr Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If chance of operator give name and address of previous operator **II. DESCRIPTION OF WELL AND LEASE** Well No. Lease Name Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee **Eunice Monument South Unit** B47 Eunice Monument G-SA Location 0660 __ Feet From The Unit Letter Μ Line and : South 660 ___Feet From The West Line 21S Rang Section 11 Township 36E NMPM Lea County III. 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) X Pipeline EOTT Oil Pipeline Co., ARCO, Mexico Texas-New P.O. Box 4666, Houston, TX 77210-4666, Suite 2604 Name of Authorized Transporter of Casinghead Gas or D y Gas Address ł (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected ? When ? give location of tanks. Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: **IV. COMPLETION DATA** Oil Well Gas Well New Well Workover Deepen Plugback Same Res'v Diff Res'v Designate Type of Completion - (X) 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 Peforations 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 mu ist 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 (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/MMCF Gravity of Condensate Testing Method (pilot, back press.) Tubing Pressure (Shut - in) Casing Pressure (Shut - in) Choke Size **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above :934 ť Ľ **Date Approved** is true and complete to the best of my knowledge and belief. K (hover Ву -ORIGINAL CIGHED BY JERRY SEXTON ENTRACT & SUPERVISOR Signature J. K. Ripley T.A. Title Printed Name Title 12/8/93 (915)687-7148 Date Telephone No

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

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

State of New Mexico