State of New Mexico

Submit 5 Copies Appropriate District Office

P. O. Drawer DD, Artesia, NM 88210

**DISTRICT I** 

DISTRICT II

Energy, Minerals and Natural Resources Dep.

OIL CONSERVATION DIVISION P. O. Box 1980, Hobbs, NM 88240

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator									Well API No.			
Chevron U.S.A., Inc.									30 - 025-04617			
Address P. O. Box 1150, Midland, TX	79702											
Reason (s) for Filling (check proper b							Other (Please	explain)				
New Well		hange in Ti					•	• /				
Recompletion Change in Operator	Oil Casinghea	l Coo	_	Dry Gas		Н						
If chance of operator give name	Casingnea			Conden	isate	<u> </u>						
and address of previous operator												
II. DESCRIPTION OF WE	II AND IE	SE										
Lease Name	CL AND LEA	Well	No. Pool	Name, I	Includ	ling Formatio	n		Kind of Lease	Lease		
			17	. 34				State, Federal or Fee	200			
Eunice Monument South Un Location		β09		Lunic	e M	onument						
•••												
Unit Letter H	:	1980	Feet F	rom The	ŧ	North	_Line and _	660	Feet From The	East I		
Section 11 Towns	ship 21S		Range		361	E	, NMPM,		Lea	Count		
III. DESIGNATION OF TR	ANSPORTE	R OF OI	L AND	NATI	JRA	L GAS						
Name of Authorized Transporter of Oi	l		densate			Address	(Give address	to which a	approved copy of this fo	rm is to be se		
EOTT Oil Pipeline Co. ARCO	X Tarra a N		Di-				DO Por 4	U	TV 77310 4//			
Are of Authorized Transporter of Call Energy Pipeline L	. Texas Ne singhead Gas	w Mexi	r D y Gas	<u>se i i r</u>	ie ]	Address			ston, TX 77210-466			
		1 6	T - m			,						
if Effective of liquid 4	Unit	Sec.	Twp.	Rge.	•	Is gas actually connected?		When				
· · · · · · · · · · · · · · · · · · ·		<u> </u>			Yes			Unknown				
If this production is commingled with t	hat from any othe	r lease or p	ool, give c	omming	ling	order numbe <u>r:</u>		_				
IV. COMPLETION DATA		Oil W	all I Gan	Well	Nov	w Well   Wor	kover Deeper	Interes	- l. C. D.	D:00 D		
Designate Type of Complet	tion - (X)	011 **	Cii Cas	******	INCV	Well Wol	kover Deeper	n Plugb	ack Same Res'v	Diff Res'v		
Date Spudded	Date Comp	l. Ready to l	Prod.		Tota	al Depth	<del></del>	P. B. 7	Г. D.			
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay				Tubing Depth			
Peforations								Depth	Casin; g			
				AND C	CEMENTING RECORD							
HOLE SIZE	CASI	NG & TUB	ING SIZE		DEPTH SET				SACKS CEMENT			
							<u> </u>					
								_				
V. TEST DATA AND REQU	EST FOR A	LLOWA	RLE		i		<del></del>					
OIL WELL (Test must be after				ınd musi	t be e	qual to or exc	eed top allowab	ole for this	depth or be for full 24 h	ours)		
Date First New Oil Run To Tank	Date of Tes					lucing Metho		ump, gas l		<del></del>		
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure				Choke Size			
- 1D 1 D 1 T												
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.				Gas - MCF			
GAS WELL	<del></del>				<u></u>	<del>-</del>						
Actual Prod. Test - MCF/D	Length of T	Length of Test				. Condensate	MMCF	Gravit	Gravity of Condensate			
Testing Method (pilot, back press	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke	Choke Size			
(	Tuo ing t io	(01.41			<u> </u>	ing resource (		Choke				
										<u></u> _		
I hereby certify that the rules and reg							OIL CON	ISERV	ATION DIVIS	ION		
Division have been complied with an is true and complete to the best of my			above			Data Ann	roved FE	B 63	1994			
-	A winowicake and	Jenel.			l							
Q. K. Froling					By ORIGINAL SIGNED BY JERRY SEXTON							
Signature J. K. Ripley	Tr	Α.			Title DISTRICT I SUPERVISOR							
Printed Name	Tis				ĺ				-			
12/8/93		15\687 <sub>-</sub> 71			I							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

State of New Mexico

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Energy, Minerals and Natural Resources Dep.

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P. O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

i.											
Operator Charman II S A Inc							1	Well A 30 - 0	PI No. 1 <b>25-04617</b>		
Chevron U.S.A., Inc.	<del></del>						1		725 01017		
P. O. Box 1150, Midland, TX 79	702										
Reason (s) for Filling (check proper box)					Othe	ı (Please exp	lain)				
New Well	Change in Tra										
Recompletion	Oil Casinghead Gas	X Dry	Gas densate	, ├-┤							
Change in Operator	Casinghead Gas		испзак	<u> </u>							
If chance of operator give name and address of previous operator											
• • •						-					
II. DESCRIPTION OF WELL		D. District	. In al	E Camer	<u> </u>		I·	Vind o	flasca	Lease No.	
Lease Name	e Name Well No. Pool Nam				Including Formation				Kind of Lease Le State, Federal or Fee		
Eunice Monument South Unit	309	Eu	nice N	Monumen	t						
Location											
Unit Letter H	: 1980	Feet From	The	North	Line	and	660	Ŧ	Feet From The	East Line	
One Letter									•		
Section 11 Township	21S	Range	3	6E	, NM	IPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTER OF OIL	L AND NA	TUR	AL GAS							
Name of Authorized Transporter of Oil	or Cond			Address	(Giv	e address to	which ap	proved	l copy of this fo	rm is to be sent)	
DOME OF BUILDING	X				PΩ	Boy 4666	House	ton T	Y 77210-466	6, Suite 2604	
Name of Authorized Transporter of Casing		<u>co Pipe.</u> DyGas	line	Address						rm is to be sent)	
Traile of Audiorized Transporter of Casing					`					·	
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actu	ally cor.n	ected?	When	hen ? Unknown			
give location of tanks.				Y	25						
If this production is commingled with that	from any other lease or no	nol give comp	ninglin				l				
IV. COMPLETION DATA	from any outer lease or pe	on, give com	inng	g order nam							
IV. COMPLETION BRIDE	Oil W	ell Gas We	ell N	lew Well V	Vorkover	Deepen	Plugba	ck S	Same Res'v	Diff Res'v	
Designate Type of Completion							ļ				
Date Spudded Date Compl. Ready to Prod.			T	Total Depth P.			P. B. T.	. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			- I	Top Oil/Gas Pay				Tubing Depth			
Elevations (Elevation (Elevation)											
Peforations		-					Depth	Casin; į	g		
	TURING	CASING AN	D CE	MENTING I	RECORD	1	<u>.</u>				
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
	<del> </del>		-+				+				
V. TEST DATA AND REQUES											
	recovery of total volume o	f load oil and								hours)	
Date First New Oil Run To Tank	Date of Test		P	roducing Me	thod	(Flow, pun	ıp, gas lı	ți, eic.)			
Length of Test	Tubing Pressure			Casing Pressure				Size		1	
Length of Test								G WOT			
Actual Prod. During Test Oil - Bbls.			V	Water - Bbls.				Gas - MCF			
CACAMELI											
GAS WELL Actual Prod. Test - MCF/D	Length of Test		TF.	Bbls, Conden	sate/MM(C	F	Gravity	v of Cc	ndensate		
Actual Flod. Test - MC17D	Length of Test		Dois. Condensate/Mivier								
sting Method (pilot, back press.) Tubing Pressure (Shut - in)			C	Casing Pressure (Shut - in)				Choke Size			
	1						L				
					$\mathbf{O}$	I CONS	SEDV	/ A T I	ON DIVIS	HON	
I hereby certify that the rules and regula					U	L COIN	J <b>∟</b>   1 <b>V</b>				
Division have been complied with and to is true and complete to the best of my k		above		Date A	pprov	ed L		(J)	4		
	nowicage and ocher.				T. F 1	- <del></del>					
J. K. Frontin				Ву	ORIGI	NAL SIGN	ED BY	JERR	Y SEXTON		
Signature				DISTRICT I SURFRAISOR							
J. K. Ripley	T.A.			Title _						<del> </del>	
Printed Name	Title	1.40									
12/8/93 Date	(915)687-71 Telephone										

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