STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

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

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [X] Oil
  - [X] Casinghead Gas
  - [ ] Dry Gas
  - [ ] Condensate
- Other (Please explain): Split Connection on ~~both~~ oil & gas

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Eunice Monument South Unit	357	Eunice Monument G-SA	Fee	

Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line of Section 12 Township 21S Range 36E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Shell, & Texas New Mexico Pipeline	
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ] ~~CHM Gas Corporation~~ EFFECTIVE:	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum & Phillips 66 Natl Gas	February 1, 1992

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	4	21S	36E	yes	unknown

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.*

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.

(Signature)
New Mexico Area Superintendent
(Title)
1-27-87
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 30 1987, 19____

BY _____
ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res
e Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
orations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

EST 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)
L WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
th of Test	Tubing Pressure	Casing Pressure	Choke Size
d Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

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