## 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

OIL CONSERVATION DIVISION

Instruction on back Submit to Appropriate District Office

District III 1000 Rio Brazi	os Rd., Azt	ec, NM 874	·10	ç.		O Box 208						1,	5 Cop		
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<sup>7</sup> Proper	rty Code					8 Property	y Name					9 10/6	23000		
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						<sup>24</sup> POD ULS	TR Loca	ation and	d Ces	cription					
V. Well Co		n Data													
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30	Hole Size	<del></del>	31 Ca												
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VI. Well Tes															
<sup>34</sup> Date New	v Oil	35 Gas Dei		36 -	Test Da	ate	37 Ter	st Length	<u>_</u>	<sup>38</sup> Tbg. P	ressure	39 Ct	sg. Pressure		
		Date				.	-			=	144.		/y. 1 1000		
<sup>40</sup> Choke S	170	<sup>41</sup> Oil	-+	4	<sup>12</sup> Water		4:		+			<del></del>			
<del></del>	126	<b></b>	1		<sup>2</sup> Water		<sup>43</sup> Gas			44 A	OF	46 To	est Method		
46 I hereby certif	fy that the	rules of the	Oil Conser	vation Di	vision t	have been			<u> </u>			<u> </u>			
complied with an the best of my kr	nd that the	information of	given above	e is true	and cor	mplete to		OIL	COr	NSERVAT	ION [	NOISIVIC	4		
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Signature:	Y Kuc	NOIL				٩	Approve			DISTRICT .					
rinted Name:	<del></del>		-			7	Title:								
J. K.	Ripley		<del></del>		<del></del> -										
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Date:		P	hone:								//// ε 1 1935				
7/26/				87-7148			<del></del>								
<sup>47</sup> If this is a ch	nange of op	erator fill in t	.he OGRID r	number ar	nd name	e of the previ	ious ope	erator							
Destions										·					
Fievious	Operator S	ignature			Pr	Printed Name				Title		Dat	te		

Submit 5 Copies Appropriate District Office DISTRICT

P. O. Box 1980, Hobbs, NM 88240

## Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

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

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

P. O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

REQUEST FOR ALLOWABLE AND AUTHORIZATION

II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Eunice Monument South Unit  Location  Well No. Pool Name, Including Formation  Kind of Lease State, Federal or Fee  Lease No. State, Federal or Fee
Chevron U.S.A., Inc.  Address P. O. Box 1150, Midland, TX 79702  Reason (s) for Filling (check proper box)  New Well Change in Transporter of: Recompletion Oil Change in Operator Grasinghead Gas Condensate  If chance of operator give name and address of previous operator  II. 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 352 Eunice Monument G-SA  Well API No. 30 - 025-04625  Other (Please explain)  Other (Please explain)  Lease No. State, Federal or Fee Lease No.
Operator Chevron U.S.A., Inc.  Address P. O. Box 1150, Midland, TX 79702  Reason (s) for Filling (check proper box)  New Well Recompletion Change in Transporter of: Casinghead Gas Condensate  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Eunice Monument South Unit S52 Eunice Monument G-SA  Well No. Pool Name, Including Formation State, Federal or Fee  Lease No.
Chevron U.S.A., Inc.  Address P. O. Box 1150, Midland, TX 79702  Reason (s) for Filling (check proper box)  New Well  Change in Transporter of:  Recompletion  Change in Operator  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease  State, Federal or Fee  Lease No.  Ligit Leave D.
Address P. O. Box 1150, Midland, TX 79702  Reason (s) for Filling (check proper box)  New Well  Change in Transporter of:  Recompletion  Change in Operator  Casinghead Gas  Condensate  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Eunice Monument South Unit  Built large Condensate  No. Pool Name, Including Formation  State, Federal or Fee  Lease No.  L
P. O. Box 1150, Midland, TX 79702  Reason (s) for Filling (check proper box)  New Well Change in Transporter of:  Recompletion Oil Change in Operator Casinghead Gas Condensate  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation  Eunice Monument South Unit 352 Eunice Monument G-SA  Init Lease D
Reason (s) for Filling (check proper box)  New Well Recompletion Change in Transporter of:  Change in Operator Change in Operator Casinghead Gas Condensate  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation  Eunice Monument South Unit  State, Federal or Fee  Lease No.  Le
New Well Recompletion Change in Transporter of: Change in Operator Casinghead Gas Condensate  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Eunice Monument South Unit State, Federal or Fee  Well No. Pool Name of State, Federal or Fee  Eunice Monument South Unit  Init Lever Description  Change in Transporter of:  Other (Please explain)  Other (Please explain)  State, Federal or Fee  Lease No.  State, Federal or Fee  Lease No.  Light Lever Description  Init Lever Description  Change in Transporter of:  Other (Please explain)
Change in Transporter of: Oil Change in Operator  Change in Operator  Casinghead Gas  Condensate  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Eunice Monument South Unit  State, Federal or Fee  Lease No.  State, Federal or Fee  Lease No.  Light Lease D.  Ligh
Change in Operator  Change in Operator  Casinghead Gas  Condensate  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Eunice Monument South Unit  State, Federal or Fee  Lease No.  State, Federal or Fee  Lease No.
Change in Operator  Casinghead Gas  Condensate  If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Eunice Monument South Unit  State, Federal or Fee  Lease No.  State, Federal or Fee  Unit Leaves B.
If chance of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease   Lease No. State, Federal or Fee   Lease
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Eunice Monument South Unit  Location  Well No. Pool Name, Including Formation  Kind of Lease State, Federal or Fee  Lease No. State, Federal or Fee
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Eunice Monument South Unit  Location  Kind of Lease State, Federal or Fee  Lease No.  State, Federal or Fee
Eunice Monument South Unit  Burit Lever D  Well No. Pool Name, Including Formation  Kind of Lease State, Federal or Fee  Lease No. State, Federal or Fee  Lease No. State, Federal or Fee
Eunice Monument South Unit  Burit Lever D  Well No. Pool Name, Including Formation  Kind of Lease State, Federal or Fee  Lease No. State, Federal or Fee  Lease No. State, Federal or Fee
Well No. Pool Name, Including Formation  Kind of Lease Lease No.  State, Federal or Fee  Location  Kind of Lease State, Federal or Fee
Eunice Monument South Unit 352 Eunice Monument G-SA  Kind of Lease State, Federal or Fee  Lease No.  State, Federal or Fee
Location State, Federal or Fee    State, Federal or Fee   State, Federal or Fe
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Unit Latter D
Unit Laster D
U.S.OU Feet From The No. 41
Line and 330 Feet From The West Line
Section 13 Township 21S
Kangi Joe NMDM T
A DESIGNATION OF TRANSPORTER OF OH AND MATTIDAL CAS
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ame or Authorized Transporter of Casinghard Co. 1. J. Dox 4000, Houston, TX 77210 4666 Co.: 2004
Address (Give address to which approved copy of this form is to be sent)
ve location of LifeCtive 4-1-94 Sec. Twp. Rge. Is gas actually connected When?
this production is commingled with that from any other leave or nearly in the second of the second o

If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA

Designate Type of Completion Date Spudded	1 - (X) Date Compl. R	Oil Well eady to Prod	Gas Well	New Well Total Depth	Workover	Deepen	Plugback P. B. T. D.	Same Res'v	Diff Res'v
Elevations (DF, RKB, RT, GR, etc.) Peforations	Name of Produ	cing Formati	on	Top Oil/Ga			Tubing Dep	oth	
HOLE SIZE	CASING	JBING, CAS & TUBING	SING AND C		RECORD DEPTH SET		Depth Casin	SACKS C	EMENT
V. TEST DATA AND REQUES' OIL WELL (Test must be after re Date First New Oil Run To Tank	F FOR ALLO	OWABLE	l oil and must	be equal to o	er exceed top	allowable f	or this depth	or he for full 24	house
Langth of Tan	Date of Test			Producing M	ethod (	Flow, pump	, gas lift, etc.	)	nours)

OH THEY'S	OF31 LOK WEFOMWRFF		
OIL WELL (Test must be a)	fter recovery of total volume of load	ail and an a	
Date First New Oil Run To Tank	Date of Test	Producing Method (	allowable for this depth or be for full 24 hours) Flow, pump, gas lift, etc.)
Length of Test	Tat: B		
	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.		
	on - Bois.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test		
	Sometime of Test	Bbls, Condensate/MMCE	la : a

Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pilot, back press.) Tubing Pressure (Shut - in) Casing Pressure (Shut - in) Choke Size

I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. FEB 03 1994 Date Approved ORIGINAL SIGNED BY JERRY SEXTON Ву Signature J. K. Ripley DISTRICT I SUPERVISOR 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
- 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.

submit 5 Copies Appropriate District Office DISTRICT I

Energy, Minerals and Natural Resources Department

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

## 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

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.											
Operator Chevron U.S.A., Inc.										Well API No.	
Address P. O. Box 1150, Midland, TX							30 - 025-04625				
Reason (s) for Filling (check proper box	x)			<del></del>			Oth		<del>- , -, ,</del>		
New Well		nange in Tra	anchorter	of:			Oth	iei (Please e	explain)		
Recompletion Change in Operator	Oil Casinghead (		$\overline{X}$ 1	Dry Gas Condensar	П						
If chance of operator give name and address of previous operator		Ja.,	`	COlluciisa	te 📋						
<del></del>									<del></del>		
II. DESCRIPTION OF WELL Lease Name	L AND LEAS		<del></del>								
Well No. Pool S					luding F	ormation				ind of Lease	Lease No.
Eunice Monument South Unit Location		352		Eunice l	Monur	nent G	3-SI	A	St	tate, Federal or Fee	;
Unit Letter D	:	0330	_Feet Fr	rom The	Nort	:h	Line	and	330	Feet From The	e West Line
Section 13 Township			Rangi		36E		, NM	ſРМ,	Le		
III. DESIGNATION OF TRAI	NSPORTER	OF OIL	AND	NATUR	AL G	16				za	County
Name of Authorized Transporter of Oil		or Conde	ensate	<u> </u>	Add		(Give	e address to	o which appi	roved copy of this j	farms in to be parel
EOTT Oil Pipeline Co. ARCO,	X Texas-New	Mexic	o Pip	eline							
Name of Authorized Transporter of Casin	ghead Gas		D y Gas		Addı	ress	P.O.	Box 466	6, Houston	n, TX 77210-46 roved copy of this f	66, Suite 2604
f well produces oil or liquids,	I Unit I								• <b>wnicn u</b> pp i 	ovea copy of this f	orm is to be sent)
give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas	actually of	lly connected?		When ?		
· · · · · · · · · · · · · · · · · · ·				·		Yes				Unknown	
f this production is commingled with that	from any other le	ase or pool	l, give cor	mminglin	g order n	umber:				CHRIIOWII	
V. COMPLETION DATA		Oil Well	Coo.	<del></del>	717 11						
Designate Type of Completion	n - (X)	On wen	I Gas V	Well Ne	ew Well	Worko	ver	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. R	eady to Pro	<u></u> эd.	Te	otal Dept	<u></u> h			P. B. T. D.		<u></u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Form	ation		Top Oil/Gas Pay				Tubing De		
eforations										•	
									Depth Casi	in; g	
HOLE SIZE	Tt	UBING, CA	ASING A	ND CEM	ENTING	G RECO	RD		<u> </u>		
HOLE SIZE	CASING	& TUBING	3 SIZE	<del></del>		DEPTH S				SACKS CE	MENT
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ate First New Oil Run To Tank	Date of Test	nume of to	za ou ana	Pro	equal to oducing N	or exceed Aethod	l top a	allowable for Flow pump	for this depth p, gas lift, etc	or be for full 24 h	ours)
ength of Test	Tubing Pressure	;		Cas	Casing Pressure				Choke Size	<del></del>	
ctual Prod. During Test	g Test Oil - Bbls.			Wa	Water - Bbls.				Gas - MCF		
AS WELL	1										
tual Prod. Test - MCF/D	Length of Test			Вы	s. Conde	nsate/MM	<b>ICF</b>		Gravity of C	Condensate	
sting Method (pilot, back press.) Tubing Pressure (Shut - in)			Cas	Cooling Decree (Cl.				Choke Size			
	<u> </u>								<u>-</u> -		
I hereby certify that the rules and regulati	one of the Oil Co-	**comunition				0		2210			
Division have been complied with and the	at the information	given abov	Ve.			U	/IL (	CONSI	ERVATI	ION DIVISI	ON
is true and complete to the best of my kno	wledge and belie	f.	.6		Date /	Approv	/ed	F	EB 33	1994	
O.K. Parkers				ı	_					<del></del>	
Signature	By ORIGINAL TIGHTS LY JERRY SEXTON										
J. K. Ripley T.A.					Title DISTRICT I SUPERVISOR						
Printed Name	Title			'	_	₽re to see					
2/8/93		87-7148									ļ
Date	Telen	hone No		ı							j

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
- 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.