

District I
PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994

District RC
PO Drawer DD, Artesia, NM 88211-0719

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Instruction on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Chevron U. S. A., Inc. P. O. Box 1150 Midland, TX 79702		² OGRID Number 4323	
⁴ API Number 30 - 025 - 04625		⁵ Pool Name Eunice Monument G-SA	
⁷ Property Code 2616		⁶ Pool Code 23000	
⁸ Property Name Eunice Monument South Unit		⁹ Well Number 352	

II. ¹⁰ Surface Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
D	13	21S	36E		330	North	330	West	Lea

¹¹ Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code E	¹³ Producing Method Code P		¹⁴ Gas Connection Date		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
024650	Warren Petroleum P.O. Box 1589, Tulsa, OK 74102	2815419	G	L-11-21S-36E
009171	GPM Corp. 4001 Penbrook, Odessa, TX 79762	2815420	G	

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

J. K. Ripley

Printed Name:

J. K. Ripley

Title:

T.A.

Date:

7/26/95

Phone:

(915)687-7148

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNATURE OF JERRY SEXTON
DISTRICT SUPERVISOR

Title:

Approved Date:

AUG 21 1995

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

Previous Operator Signature

Printed Name

Title

Date

RECEIVED

APR 2 1995

CLARK COUNTY
LIBRARY

Submit 5 Copies
Appropriate District Office
DISTRICT I
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

State of New Mexico
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**

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

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04625
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If chance of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 352	Pool Name, Including Formation Eunice Monument G-SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 0330 Feet From The North Line and 330 Feet From The West Line Section 13 Township 21S Range 36E , NMPM, 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"/> EOTT Oil Pipeline Co., ARCO, Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666, Suite 2604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EOTT Energy Pipeline LP	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquid give location of well Effective 4-1-94	Sec. 21S	Twp. 36E
Rge. Lea	Is gas actually connected? Yes	When? Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
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 must 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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
J. K. Ripley
Printed Name
12/8/93
Date
T.A.
Title
(915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 03 1994**

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title **DISTRICT I SUPERVISOR**

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

submit 5 Copies
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New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If chance of operator give name and address of previous operator		

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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ?	When ?
					Yes	Unknown

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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J. K. Ripley
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T.A.
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Date Approved

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ORIGINAL SIGNED BY JERRY SEXTON

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