District RC PO Drawer DD, Artesia, District III 1000 Rio Brazos Rd., A District IV PO Box 2088, Santa Fe I.	ztec, NM 87 , NM 87504- REQU			SERVATIO)N D	IVISION		-		February 10, 199	
1000 Rio Brazos Rd., A District IV PO Box 2088, Santa Fe I.	, NM 87504 REQU	410						Su	omit to Appron	riate District Office	
District IV PO Box 2088, Santa Fe I.	, NM 87504 REQU	410		PO Box 20	PO Box 2088				Submit to Appropriate District Office		
PO Box 2088, Santa Fe I.	REQU			e, NM 87		-2088		5 Copie			
<u>1.</u>	REQU	-2088								NDED REPORT	
	1 0	JEST FOR	ALLOW	ABLE AN	ID /	AUTHORI	ZA	τιον το τ	RANSPOR	RT	
		Operator Name	and Address						² OGRID Num		
	P. O. Bo	U. S. A., h x 1150	nc.					4323 ³ Reason for Filing Code New Gas POD's			
	Midland,	TX 79702	2					Reason for Delete Prev	Filing Code Ne ious Gas PC	w Gas POD's ID's	
⁴ API Number 30 - 025 - 04630			Fu	⁵ Pool nice Monu						⁶ Pool Code	
⁷ Property Code			Eunice Monument G-SA ⁸ Property Name						9	23000 Well Number	
2616 II. ¹⁰ Surface L	ocation		Eunic	e Monume	ent S	South Unit				353	
Ul or Lot. No. Section		ip Range	Lot Idn.	Feet from	the	North/South	Line	Feet from the	East/West Lir	e County	
A 14	21:	S 36E		330		North		990	East	Lea	
¹¹ Bottom H	ole Locat	tic				·		I			
UI or Lot. No. Section	Township	i saug e	Lot Idn.	Feet from the	1 s	North/South Lir	ne I	Feet from the	East/West Line	County	
¹² Lse Code ¹³ Produc	ing Method Co	ode ¹⁴ Gas C	onnection Dat	te ¹⁵ C-129	Pern	nit Number	¹⁶ C	-129 Effective Di	ate ¹⁷ C-12	9 Expiration Date	
II. Oil and Gas T		ers ⁹ Transporter N		<u> </u>	20 5 5				I		
OGRID		and Addre			²⁰ POD ²¹ O/G			²² POD ULSTR Location and Description			
024650	Warren Pe	troleum		28	<u>154</u>	<u>19 G</u>					
	P.O. Box 1	589, Tulsa, O	K 74102		L-11-21S-36E			6E			
009171	GPM Corp			28	815420 G L-11-215-320						
	4001 Penbi	rook, Odessa,	TX 7976	i2				<u> </u>	- 215-	356	
	••••,,										
V. Produced Wa ²³ POD	ter			24							
······································	ion Data				JLSTR	R Location and	d Dee 	scription			
7. Well Complet 26 Spud Date	ION Data	²⁶ Ready Date		27 -	TD			28 PBTD	2	⁹ Perforations	
³⁰ Hole Size											
	•	Casi	³¹ Casing & Tubing Size		³² Depth Se		<u>et 33</u>		Sacks Cement		
		<u> </u>	<u> </u>								
/I. Well Test Dat								<u>-</u>			
³⁴ Date New Oil ³⁵ Gas Delive Date			ry ³⁶ Test Date		³⁷ Test Length		h	³⁸ Tbg. Pressure		³⁹ Csg. Pressure	
⁴⁰ Choke Size ⁴¹ Oil ⁴² W		ater		⁴³ Gas		⁴⁴ A	.OF	⁴⁵ Test Method			
⁶ I hereby certify that t complied with and that t	the informatio	he Oil Conserv on given above	ation Divisio is true and	n have been complete to		OIL	CO	NSERVAT		SION	
he best of my knowledg	e and belief.			,		proved by:	034	GINAL MEA	1. S. A. L	NIXTON	
rinted Name	ply	·····				le:		PRISCI-			
J. K. Ripley	, U										
itle: T.A.					Ар	proved Date:		AUG	9 19 19 19 19 19 19 19 19 19 19 19 19 19		
ate: 7/26/95		Phone: (915)68									
⁴⁷ If this is a change of	f operator fill	in the OGRID n	umber and n	ame of the p	revio	us operator					
Previous Operat				Printed Na				Title		Date	

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200 e . 1805

REFERENCE

OFFICE

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Submit 5 Copies	
Appropriate District Office	
DISTRICT	
•	

I.

P. O. Box 1980, Hobbs, NM 88240

<u>DISTRICT II</u> P. O. Drawer DD, Artesia, NM 88210

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P. O. Box 2088

Form C-104 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

Operator Chevron U.S.A., Inc.							
Address			Well API No. 30 - 025-04630				
P. O. Box 1150, Midland Reason (s) for Filling (check pre	I, TX 79702						
New Well		Other (Ple	ase explain)				
Recompletion	Change in Transpor Oil	ter of:					
Change in Operator	Casinghead Gas	Dry Gas Condensate					
If chance of operator give name							
and address of previous operator							
II. DESCRIPTION OF V							
	Well No. Po	ol Name, Including Formation	Kind of Lease				
Eunice Monument South	Unit B53	Eunice Monument G-SA	State, Federal or Fee				
		Stillee Monument G-SA					
Unit Letter A							
		From The North Line and	990 Feet From The East Line				
	ownship 21S Rang	36E , NMPM,					
III. DESIGNATION OF	TRANSPORTER OF OIL AND	NATURAL CAS	Lea County				
Name of Authorized Transporter of	or Condensate						
EOTT Oil Pipeline Co AT		Give addres	is to which approved copy of this form is to be sent)				
are of Authorized Transporter of	Casinghead Gas or D y Gas	ipeline P.O. Box 4	666. Houston TV 77210 4666 a				
		Address (Give addres	s to which approved copy of this form is to be sent)				
well program of an Induids	94 Unit Sec. Twp.	Rge. Is gas actually connected ?	When ?				
			when ?				
this production is commingled with	th that from any other lease or pool, give o	Yes	Unknown				
V. COMPLETION DATA		commingling order number:					
Designets T	Oil Well Ga	Well New Well Workover Deepe	·				
Designate Type of Complate Spudded	letion - (X)	New Well Workover Deeper	n Plugback Same Res'v Diff Res'v				
	Date Compl. Ready to Prod.	Total Depth	P. B. T. D.				
evations (DF. RKB, RT, GR, etc.)	Name of Producing Formation		1. b. 1. <i>b</i> .				
forations		Top Oil/Gas Pay	Tubing Depth				
Torations			Durit Q 1				
	TURING CASING		Depth Casin; g				
HOLE SIZE	CASING & TUBING SIZE	AND CEMENTING RECORD DEPTH SET	SACKS CEMENT				
		DEPTH SET					
TEST DATA AND REQ	UEST FOR ALLOWABLE	<u></u>					
LWELL (Test must be aj First New Oil Run To Tank	ter recovery of total volume of load oil ar	d must be equal to or exceed top allowable Producing Method					
or native of Kun to Tank	Date of Test	Producing Method (Flow, 200	e for this depth or be for full 24 hours) mp, gas lift, etc.)				
gth of Test	Tubing Pressure		<i>mp</i> , gus <i>uji</i> , etc.)				
		Casing Pressure	Choke Size				
al Prod. During Test	Oil - Bbls.	Water - Bbls.					
S WELL			Gas - MCF				
al Prod. Test - MCF/D	I enote of Tour						
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
ng Method (pilot, back press	s.) Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)					
		Casing Plessure (Snut - in)	Choke Size				
araby comits that it	_		I				
ereby certify that the rules and reg	ulations of the Oil Conservation	OIL CONS	ERVATION DIVISION				
rue and complete to the best of my	d that the information given above	- I - C - C					
$\downarrow L' () : II.$	mowiedge and belief.	Date Approved	EB 03 1994				
the Fiplicity							
hature i		ORIGINAL SIG	ByORIGINAL STONED BY JERRY SEXTON				
K. Ripley	Т.А.	Title Distric	But Patient and a second				
nted Name	Title						
/8/93	(915)687-7148						
	Telephone No.	1					

Ī orm 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.

An sections of this form must be filled for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C - 104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate District Office DISTRICT I P. O. Box 1980, Hobbs, NM 88240

I.

<u>DISTRICT II</u> P. O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P. O. Box 2088

Form C-104 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

Date	(915)687 Telepho						
Printed Name 12/8/93	Title	 71.40					
J. K. Ripley	TitleDISTRICT I SUPERVISOR						
Signature	By ORIGINAL DONED BY JERRY SEXTON						
D.K. Fiplan			D.v				
is true and complete to the best of my know	wledge and belief.		Date Approve	d +EE 👀	5 1994		
I hereby certify that the rules and regulati Division have been complied with and the	OIL CONSERVATION DIVISION FEE 0.3 1994						
I hereby certify that the rules and an and							
esting Method (pilot, back press.) Tubing Pressure (Shut - in)			Casing Pressure (Shut -				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMC	F Gravity	ravity of Condensate		
GAS WELL	4						
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas - M	ACF		
Length of Test	ength of Test Tubing Pressure				oke Size		
Date First New Oil Run To Tank	Date of Test	me oj load oil and n	nust be equal to or exceed to Producing Method	op allowable for this di (Flow, pump, gas lift	epth or be for full 24 ho t, etc.)	urs)	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR ALLO	WABLE	·····				
HULE SIZE	CASING &	TUBING SIZE	DEPTH SET		SACKS CEMENT		
HOLE SIZE	TUB	ING, CASING ANI	D CEMENTING RECORI				
Peforations				Depth	Casin; g		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay	Tubing	Tubing Depth				
	2 - w complex Really to 110d.			P. B. T	P. B. T. D.		
Designate Type of Completion	n - (X)		Total Depth	r Deepen Plugba	.ck Same Res'v	Diff Res'v	
IV. COMPLETION DATA		Oil Well Gas We		r Daamaa Int (-t- 10		
If this production is commingled with that	from any other lease	or pool, give comn	Yes ningling order number:		Unknown		
give location of tanks.				inected ? When			
If well produces oil or liquids,	Unit		Rge. Is gas actually con			rm is to be sent)	
EOTT Oil Pipeline Co., ARCO, Name of Authorized Transporter of Casin	Texas-New ghead Gas	Mexico Pipe or Dy Gas		O. Box 4666, Hous	ston, TX 77210-466	6, Suite 2604	
	TX I		<u> </u>		pproved copy of this fo		
III. DESIGNATION OF TRAI	NSPORTER OI	F OIL AND NA					
Section 14 Township		Range		MPM,	Lea	County	
Unit Letter A		330 Feet From	The <u>North</u> Li	ne and 990	Feet From The	East Line	
					<u> </u>	I	
Eunice Monument South Unit		53 Eu	inice Monument G-	SA	State, Federal or Fee		
Lease Name	INC DEASE	Well No. Pool Na	me, Including Formation		Kind of Lease	Lease No.	
II. DESCRIPTION OF WELL	AND I FASE						
If chance of operator give name and address of previous operator							
Change in Operator	Casinghead Gas		ndensate				
New Well Recompletion	Chang Oil	e in Transporter of:	v Gas				
Reason (s) for Filling (check proper box	())thei (Please explain)			
Address P. O. Box 1150, Midland, TX	79702				100 023-04050		
Chevron U.S.A., Inc.					Well API No. 30 - 025-04630		
Operator							

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

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