State of New Mexico

Submit 5 Copies
Appropriate District Office
DISTRICT I

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. Box 2088

P. O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						
Operator Chevron U.S.A., Inc.				Well API No. 30 - 025-04631		
Address						
P. O. Box 1150, Midland, TX 79 Reason (s) for Filling (check proper box)	9702		Other (Diver			
Reason (s) for Filling (check proper box) New Well Change in Transporter of:						
Recompletion Oil X Dry Gas						
Change in Operator Casinghead Gas Condens			—			
If chance of operator give name and address of previous operator						
II. DESCRIPTION OF WELL AND LEASE						
Lease Name	AND LEASE Well N	Jo Pool Name I	including Formation	[V:-1-6]		
			ncluding Formation Kind of Lease Lease No. State, Federal or Fee		Lease No.	
Eunice Monument South Unit B89 Eunice Monument G-SA						
Location						
Unit Letter E	:1980	Feet From The	North Line and	660 Feet From The	West Line	
Section 14 Township	21S	Rang	36E , NMPM,	Lea	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
EOTT Oil Pipeline Co. ARCO.	X Nov. Marri	اللا	PO Roy 4	1666 Houston TV 77310 466	C Str. 2004	
INd the of Authorized Transporter of Casingle	head Gas I or	D y Gas	Address (Give addres	1666, Houston, TX 77210-466 ss to which approved copy of this for	m is to be sent)	
EOTI Energy Pipeline						
If well prodeffect weds 4-1-94 give location of tanks.	Unit Sec.	Twp. Rge.	. Is gas actually connected?	When?		
give location of winks.		,	Yes	Unknown		
If this production is commingled with that from any other lease or pool, give commingling order number:						
IV. COMPLETION DATA					-	
	Oil We	ell Gas Well	New Well Workover Deepe	en Plugback Same Res'v	Diff Res'v	
Designate Type of Completion						
Date Spudded	Date Compl. Ready to P	rod.	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			
HOLE SIZE CASING & TUBING, CASING AND C						
	CASING & TOBING SIZE		DETITISET	SACKS CEN	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)						
			Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure		Control December 1			
Lengur of Test	Tubing Fressure		Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas - MCF	Gas - MCF	
GAS WELL	<u></u>					
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate		
Taring Mahada (all all all all all all all all all a	Tubin December (Ch. 11)					
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)		Casing Pressure (Shut - in)	Choke Size		
			011 001	NOEDWATION	011	
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.			Date Approved FEB 0 3 1994			
_ /\						
O. K. Kupley			By ORIGINAL SIGNED BY JERRY SEXTON			
Signature			DISTRICT 1 SUPERVISOR			
J. K. Ripley T.A. Printed Name Title			Title			
12/8/93	Title (915)687-71 4	IS				
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 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.

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