

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

I.

Operator Chevron U.S.A. Inc.	
Address P. O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <i>Deepen</i>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Eunice Monument South Unit</i>	Well No. <i>389</i>	Pool Name, including Formation <i>Eunice Monument</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location Unit Letter <i>E</i> : <i>1980</i> Feet From The <i>North</i> Line and <i>660</i> Feet From The <i>West</i> Line of Section <i>14</i> Township <i>21S</i> Range <i>36E</i> , NMPM, <i>Rea</i> 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"/> <i>Arco Shale & Texas M Pipeline</i>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>GPM Gas Corporation</i>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. Unit <i>m</i> Sec. <i>4</i> Twp. <i>21S</i> Rge. <i>36E</i>		Is gas actually connected? <i>yes</i> When <i>unknown</i>

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.

VI. 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.

Elvin Allen for CEM
(Signature)
New Mexico Area Supt.

(Title)
10-28-87
(Date)

OIL CONSERVATION DIVISION

APPROVED *NOV 4 1987*, 19
BY *Orig. Signed by*
Paul Kautz
TITLE *Geologist*

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-20-36	Date Compl. Ready to Prod. 10-1-87	Total Depth 3950		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) 3566	Name of Producing Formation Grayburg SA	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	10 3/4		374'		200 sk				
	7 5/8		2664'		900 sk				
	5 1/2		3662'		150 sk				

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 Tanks 10-3-87	Date of Test 10-7-87	Producing Method (Flow, pump, gas lift, etc.) DUMP	
Length of Test 24	Tubing Pressure 32	Casing Pressure 30	Choke Size 2" WO
Actual Prod. During Test	Oil - Bbls. 3.5	Water - Bbls. 119	Gas - MCF 55

GAS WELL

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

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