State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revieed February 10, 1994

.4%

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

OIL CONSERVATION DIVISION Dietrict (II PO Box 2088

Instruction on back Submit to Appropriate District Office

	ezo s Rd.,	Aztec,	NM 874	10	\$	anta i	Fe, NM	B7504	1-20E	38				5 Co	
District IV PO Box 2088	I, Santa i	Fe, NM	87504.2	ese.			•			-		1		NDED REPO	
l.	,				R AL	LOW	ABLE 4	ND 4	ALIT	HUDI:	ZATION TO				
REQUEST FOR ALLOWABLE 1 Operator Name and Address Champing Market 1 Operator Name and Address									701	RID Numb					
Chevron U. S. A., Inc. P. O. Box 1150												4323			
4.0		Mi		TX 79	702						Delets P	or Filing	Code Nev	Gas POD	
30 - 025 -	Number 04636	,]				Fu	⁶ Po Inice Mo	ol Nam	10 14 G	e A				Pool Code	
7 Property Code							* Proj	erty Na	MAC .		-	23000 * Well Number			
. 10 Surface Location							e Monur	nent S	outh	Unit	·		<u> </u>	355	
il or Lot. No.	Section Township Reng		ge Lot idn. Feet from t			m the	Nort	h/South L	ine Feet from t	he Eac	tWest Line	County			
C II Box		4	218	361			660)	<u> </u>	North	1980		Vest	Loa	
f or Lat. No.	Sectio		-OCATIO	Renge	Lot	dn. T	Feet from	NA A	ladt jä)		16			
				•		at Idn. Feet from the North/South Lir				KOUIN LINE	Feet from the	EastM	rest Line	County	
Lan Code	¹⁸ Prod	uoing Me	thed Code	14 Gad	Connec	lion Del	0 16 C-1	29 Perri	nt Nun	nber	10 C-129 Effective	Data	17 C-129	Expiration Date	
P	1.000	P			5/87									Color Color	
I. Oil and	ter las	Irans			a Nama			30					·		
OGRID				19 Treheporter Name and Address				20 POD		21 O/G	22 POD I		ULSTR Location of Description		
02485				Petroleum				2815427 G							
P.O. Box 15				589, Tules,OK 74102								H-15-218-36E			
00917	1		Corp.					8154	28	g					
4001 Penbrook, Odesee, TX 75					79762						H-15-2		218-36E		
							6	How Complete Bo	: : : : : : : : : : : : : : : : : : :	N. S. Sakadı	1				
			-				200000	T STAT							
	\$ 10 0.8 0.000						6 / C / J / C / C / C / C / C / C / C / C								
. Produc	ed W	ter					SWALLIA	10000	o a se deservi	a rendo (dia)	X				
							24 POD	ULSTR	Locat	ion and l	Description	*			
Well Co	omple	tion D													
	d Dete		20	Ready D	ate		27	TD			29 PRTD		20 p	erforatione	
30	Hole Siz	•	31 Ceeing & Tubing Size				Size			32 Depti	Set		33 Sacks	Cernent	
	~	····				 ,									
			+	·					·						
-															
Well Te	st Dat	a													
			36 Gas Delivery 36 Teet Dat			Date	³⁷ Test Length			30 Th-	Pressure	30	200		
<u> </u>		Date								100.	* : 43 347		30 Cog. Pressure		
⁴⁰ Choke 1	40 Choke Size 41 OII			42 Water			43 Gae			44	⁴⁴ AOF		45 Tons Mark - 4		
hereby cartify that the rules of the Oil Conservation Division				ŀ							48 Test Method				
plied with a				Uli Canser Noon abov	vation D	Ilvision and c	have beer complete to	:		OIL C	ONSERVA	TION	DIVISIO	N	
eture: 🔨	ويوسون) · /	EHOY,					1							
ted Name	K.K	iple	4					Арр	roved	WRIG	NAL SIGNED	5 Y 368	RY SEXT	ON	
	Riple	Ĺ	V					Title	;			~	···		
: T.A.	•							App	roved	Date:		·	1 6 11 6		
Phone: 9/12/95 (915)687-7148					07 74	10		T					NOV 2		
	(13)P				a/-/14	. 25								ļ	
9/12	hange of	operate	of fill in ti	he OGRID	number	and na	ne of the) f Business		9701			-		
9/12 If this is a c	e Operat			he OGRID	number	and nar	me of the p	PROPERTY	oper	ator					

submit 5 Copies Appropriate District Office DISTRICTI P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

Energy, Minerals and Natural Resources Departme-

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

OIL CONSERVATION DIVISION

P. O. Box 2088

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

P. O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator														
Chevron U.S.A., Inc.									Vell API No. 30 - 025-04636					
P. O. Box 1150, Midland, TX	70702								30 - 023-04636					
Reason (s) for Filling (check proper be	79702 0x)													
New Well		hange in T	ransporte	r of:		☐ Ot	hei (<i>Please</i>	explain)						
Recompletion	Oil		X	Dry G	as									
Change in Operator	Casinghead	Gas		Conde	nsate									
If chance of operator give name and address of previous operator														
II. DESCRIPTION OF WEL	L AND LEA	SE												
Lease Name		Well	No. Poo	Name,	Including F	ormation		ĪĶ	ind of Lease	T				
Eunice Monument South Unit		B55	ı						ate, Federal or Fee	Lease No.				
Location		p33		Euni	ce Monur	nent G-S	A							
11.21														
Unit Letter C	: <u></u> -	0660	Feet F	rom Th	e <u>Nort</u>	h Line	and	1980	Feet From The	West Line				
Section 14 Townsh	ip 21S		Range		36E	NIX	4DV.		- 					
III. DESIGNATION OF TRA	NSPORTER	OF OU					<u>иРМ,</u>	L	ea	County				
Name of Authorized Transporter of Oil	1131 OKIEN	or Con	densate	NAT			 _							
FOTT Oil Pingling Co. Apge	_ X				Address (Give address to which approved copy of this form is to be sent)									
EOTT Oil Pipeline Co., ARCO,	Texas-Ne			peli		P.O	. Box 466	6, Houstor	, TX 77210-466	6. Suite 2604				
/		or	D y Gas	L_	Addr	ess (Giv	e aadress to	which appr	oved copy of this for	m is to be sent)				
Ediprodenergy Pipeline	Unit	Sec.	Twp.	Rge	Is gas	actually conn		When?						
Effective 4-1-94							.,							
If this production is commingled with tha	t from any other	m any other lease and a lease				Yes		Unknown						
IV. COMPLETION DATA	t from any outer	iease or po	ol, give co	omming	ling order n	ımbe <u>r:</u>								
		Oil We	II Gas	Well	New Well	Workover	D	In .						
Designate Type of Completio					l ven	WOIKOVEI	Deepen	Plugback	Same Res'v	Diff Res'v				
Date Spudded	Date Compl. 1	Ready to Pi	rod.		Total Depti	1		P. B. T. D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	Name of Producing Formation				- D								
Peforations					Top Oil/Ga	s гау		Tubing Depth						
Colations								Depth Casi	n; g					
	T	UBING, C	ASING	AND CI	EMENTING	PECOND		<u></u>						
HOLE SIZE	TUBING, CASING AND C CASING & TUBING SIZE					EPTH SET			SACKS CEM	ENE				
	+								STAND CENENT					
V TECTEDATE														
V. TEST DATA AND REQUES OIL WELL (Test must be after 1)	T FOR ALI	OWAB	LE					L						
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of Test	volume of l	oad oil ar	id must	be equal to c	r exceed top	allowable f	or this depth	or be for full 24 hou	ere)				
	But of fest			- 1	Producing N	lethod (Flow, pump	, gas lift, etc	.)					
Length of Test	Tubing Pressur	e			Casing Press	иге		Choke Size						
Actual Prod. During Test	Oil - Bbls.													
	John - Bols,			[Water - Bbls			Gas - MCF						
GAS WELL							——							
Actual Prod. Test - MCF/D	Length of Test			I	bls. Conder	sate/MMCF		Gravity of C	Ondensata					
esting Method (pilot, back press.)	Tubing Pressure	(Shut in)						Gravity of Condensate						
	Tubing Fressure	(Shut - In)	1	10	asing Pressi	re (Shut - in)		Choke Size						
I hereby certify that the rules and regulati	ons of the Oil Cc	nservation		- 1		Oli	CONGI	EDWATI	ON DIVISIO					
Division have been complied with and the	at the information	n given abo	ve			- IL	- VI10	-11VA11	OISINIO NIC	114				
is true and complete to the best of my kno		Date Approved FEB () 3 1994												
St. Kicker						•								
Signature /					By _	ORIGINA	SIGNE	EY JERR	Y SEXTON					
J. K. Ripley	T.A.			1	Title	Di	SIRICLI	SUPERVIS	OR					
Printed Name	Title					Pamanana (p. g. 1979)	Dices may be a second	, , , , , , , , , , , , , , , , , , , 						
12/8/93 Date		87-7148								1				
INSTRUCTIONS: This form is to be 6	Telep	ohone 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**

P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P. O. Box 2088

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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.											
Operator Chevron U.S.A., Inc.									II API No. - 025-04636		
Address P. O. Box 1150, Midland, TX 7	0702							120	- 025-04050		
P. O. Box 1150, Midland, TX 7 Reason (s) for Filling (check proper box)	9702					77 (Other (<i>Please ex</i>	plain)			
New Well	Char	nge in Trans	porter of:				•	,,			
Recompletion	Oil	J		y Gas							
Change in Operator	Casinghead G	as	Co	ondensat	e 🔲		_				
If chance of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEASI	Ξ							_		
Lease Name		Well No.	Pool Na	me, Inc	luding Fo	rmation			d of Lease	Lease No.	
Eunice Monument South Unit	E	unice I	Monun	ent G-	.S.A	State	e, Federal or Fee				
Location							<u> </u>		······		
Unit Letter C	·	0660	Feet Fron	n The	Nortl	1L	ine and	1980	_Feet From The	West Line	
Section 14 Township	218		Range	3	6E	,	NMPM,	Lea	1	County	
III. DESIGNATION OF TRAN	SPORTER (OF OIL A	AND N	ATUR	AL GA	S					
Name of Authorized Transporter of Oil	X	or Conden	sate		Addr	ess (Give address to	which appro	ved copy of this f	form is to be sent)	
EOTT Oil Pipeline Co., ARCO,	Texas-New	Mexico	ي Pipe	 elin∈	ا دِ	P	O. Box 4666	6. Houston.	TX 77210-46	666, Suite 2604	
Name of Authorized Transporter of Casing	head Gas		y Gas		Addr	ess (C	Give address to	which appro	ved copy of this f	form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas	actually co	onnected ?	When?			
						Yes		Unknown			
If this production is commingled with that f IV. COMPLETION DATA	rom any other le	ase or pool,	give com	minglin	g order ni	ımbe <u>r:</u>					
	(37)	Oil Well	Gas W	ell N	ew Well	Workov	er Deepen	Plugback	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Re	ady to Prod	<u> </u> .	T	otal Dept	1		P. B. T. D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Format	ion	T	op Oil/Ga	s Pay		Tubing Dep	ubing Depth		
Peforations	L							Depth Casin	1: 8	·	
		IDING CA	CINIC AN	ID CEN	(ENERTS)	BEGOT	<u></u>				
HOLE SIZE	TUBING, CASING AND C CASING & TUBING SIZE					EPTH SE		T	SACKS CE	EMENT	
									Sheno el	SHELLI	
								 			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after red Date First New Oil Run To Tank	id oil and		producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure	·	Ca	sing Pres	sure		Choke Size				
Actual Prod. During Test	Oil - Bbls.			w	ater - Bbl	s.		Gas - MCF	· · · · · · · · · · · · · · · · · · ·		
GAS WELL					<u> </u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test			Bb	ls. Conde	nsate/MN	1CF	Gravity of Condensate			
Testing Method (pilot, back press.) Tubing Pressure (Shut - in)					sing Pres	sure (Shut	- in)	Choke Size			
		··· <u>·</u> ···	 -			-					
I hereby certify that the rules and regulati				İ		0	IL CONS	ERVAT	ION DIVIS	ION	
Division have been complied with and the is true and complete to the best of my kno		-	/e		Data	Approv	rad FFR	03 199	1 <i>1</i> .		
a. K. Riolan	sua och										
		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR									
Signature J. K. Ripley	T.A.				Title		DISTRICT	I SUPERVI	SOR		
Printed Name	Title					P****	· · · · · · · · · · · · · · · · · · ·	V			
12/8/93 Date		687-7148									
12005	I e let	nnone No								1	

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.