

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

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

Instruction on back  
Submit to Appropriate District Office  
5 Copies

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

☐ AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator Name and Address <b>Chevron U. S. A., Inc. P. O. Box 1150 Midland, TX 79702</b>		<sup>2</sup> OGRID Number <b>4323</b>
<sup>4</sup> API Number <b>30 - 025 - 04636</b>	<sup>5</sup> Pool Name <b>Eunice Monument G-SA</b>	<sup>3</sup> Reason for Filing Code New Gas POD's: <b>Delete Previous Gas POD's</b>
<sup>7</sup> Property Code <b>2816</b>	<sup>6</sup> Property Name <b>Eunice Monument South Unit</b>	<sup>8</sup> Pool Code <b>23000</b>
		<sup>9</sup> Well Number <b>355</b>

**II. <sup>10</sup> Surface Location**

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
<b>C</b>	<b>14</b>	<b>21S</b>	<b>36E</b>		<b>660</b>	<b>North</b>	<b>1980</b>	<b>West</b>	<b>Lea</b>

**<sup>11</sup> 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
<sup>12</sup> Les Code <b>P</b>	<sup>13</sup> Producing Method Code <b>P</b>	<sup>14</sup> Gas Connection Date <b>5/87</b>	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
<b>024850</b>	<b>Warren Petroleum P.O. Box 1589, Tulsa, OK 74102</b>	<b>2815427</b>	<b>G</b>	<b>H-15-218-36E</b>
<b>009171</b>	<b>GPM Corp. 4001 Penbrook, Odessa, TX 79762</b>	<b>2815428</b>	<b>G</b>	<b>H-15-218-36E</b>

**IV. Produced Water**

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
-------------------	--

**V. Well Completion Data**

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

**VI. Well Test Data**

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

<sup>46</sup> 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:

9/12/95

Phone:

(915)697-7148

**OIL CONSERVATION DIVISION**

Approved by:

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title:

Approved Date:

NOV 21 1995

<sup>47</sup> 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

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

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Chevron U.S.A., Inc.</b>		Well API No. <b>30 - 025-04636</b>
Address <b>P. O. Box 1150, Midland, TX 79702</b>		
Reason (s) for Filling (check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) 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		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eunice Monument South Unit</b>	Well No. <b>355</b>	Pool Name, Including Formation <b>Eunice Monument G-SA</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>C</b> : <b>0660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>14</b> Township <b>21S</b> Range <b>36E</b> , 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"/> <b>EOTT Oil Pipeline Co., ARCO, Texas-New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4666, Houston, TX 77210-4666, Suite 2604</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EOTT Energy Pipeline LP</b>	Address (Give address to which approved copy of this form is to be sent)					
Well production, including give location of tanks. <b>Effective 4-1-94</b>	Unit	Sec.	Twp.	Rge.	Is gas actually connected ? <b>Yes</b>	When ? <b>Unknown</b>

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.

J. K. Ripley  
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**  
**DISTRICT I SUPERVISOR**

Title

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.

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>Chevron U.S.A., Inc.</b>		Well API No. <b>30 - 025-04636</b>
Address <b>P. O. Box 1150, Midland, TX 79702</b>		
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)		
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		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Eunice Monument South Unit</b>	Well No. <b>355</b>	Pool Name, Including Formation <b>Eunice Monument G-SA</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>C</b> : <b>0660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>14</b> Township <b>21S</b> Range <b>36E</b> , NMPM. <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4666, Houston, TX 77210-4666, Suite 2604</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected ? <b>Yes</b>	When ? <b>Unknown</b>

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			
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

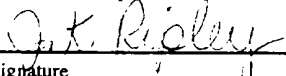
**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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** T.A.  
Printed Name  
**12/8/93** Title  
Date  
**(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.