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

**JIL CONSERVATION DIVISION** 

P. O. Box 2088

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

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Santa Fe, New Mexico 87504-2088 **REQUEST FOR ALLOWABLE AND AUTHORIZATION** 

TO TRANSPORT OIL AND NATURAL GAS

Operator										
Chevron U.S.A., Inc.								TV	Vell API No.	
Address P. O. Box 1150, Midland, T									30 - 025-04643	
P. O. Box 1150, Midland, T. Reason (s) for Filling (check proper	X 79702			_						
New Well	002)	Channa in 1	T				thes (Please	explain)		
Recompletion	Oil	Change in '	Iransporter X	of: Dry G						
Change in Operator	Casinghe	ad Gas	Ħ	-	ensate					
If chance of operator give name and address of previous operator		<u> </u>					<u></u>			
I. DESCRIPTION OF WE										
ease Name	LL AND LE	ASE Well	Nelpin							
Eunice Monument South Un	•.	Wen	NU. POO	Name,	Including F	ormation			nd of Lease	Lease No
Location	<u>it</u>	<u></u> 857		Euni	ce Monur	nent G-S	SA	Sta	ite, Federal or Fee	
•• • •							****	<u>_</u> _		
Unit Letter A	: <u></u>	0660	Feet F	rom Th	e Nort	h Lin	e and	660		_
Section 15 Towns	ship 21S		Range					000	Feet From The	East Line
I. DESIGNATION OF TR ame of Authorized Transporter of Oi	ANSPORTE				36E	, N	MPM,	Le	a	County
ame of Authorized Transporter of Oi		or Con	densate	NAT						
QTT Oil Pipeline Co. ARCO					Addı	ess (Gi	ve address t	o which appro	wed copy of this fo	orm is to be sent)
OTT Oil Pipeline Co. , ARCO,	singhead Gas	W Mexi	CO Pip rDyGas	elir		P.C	). Box 466	6. Houston	TY 77210 46	
					Addr	ess (Gin	e address to	o which appro	ved copy of this fo	orm is to be sent)
vell produces all or liquids 4-1-	94 <sup>Unit</sup>	Sec.	Twp.	Rge	Is gas :	Is gas actually connected ?		When ?		
his production is commingled with the COMPLETION DATA	hat from any othe	r lease or po	ol, give co	mmine	ling order m	Yes			Unknown	
. COMPLETION DATA										
Designate Type of Completi	on - (X)	Oil We	ll Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
e Spudded	Date Compl.	Ready to P		_	1		1	1		ZHI KES V
		nearly to r.	rod.		Total Dani		I			
vations (DF, RKB, RT, GR, etc.)					Total Depth		4	P. B. T. D.		
	Name of Pro				Total Depth Top Oil/Gas		· · · · · · · · · · · · · · · · · · ·	P. B. T. D. Tubing Dept	th	
							·	Tubing Dep		
prations	Name of Pro	ducing Forr	nation		Top Oil/Ga	e Pay	·			
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orations	Name of Pro	ducing Forr	nation	ND CE	Top Oil/Ga	Pay RECORD		Tubing Dep	i g	ÆNT
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) 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. Separate Form C - 104 must be filed for each pool in multiply completed wells.