

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF LEASES REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-31-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
☐ New Well	Change in Transporter of: ☒ Oil ☐ Dry Gas	Split Connection on both oil & gas	
☐ Recompletion	☒ Casinghead Gas ☐ Condensate		
☐ Change in Ownership			

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit	357	Eunice Monument G-SA	State, Federal or Fee State	
Location				
Unit Letter	A	: 660 Feet From The North Line and 660 Feet From The East		
Line of Section	15	Township 21S	Range 36E	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

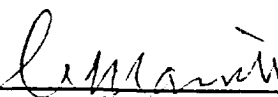
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
RCO, Shell, & Texas New Mexico Pipeline	
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
GPM Gas Corporation	
Warren Petroleum & Phillips 66 Natl Gas	EFFECTIVE: February 1, 1992
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	M 4 21S 36E yes unknown

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.

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.


(Signature)
New Mexico Area Superintendent
(Title)
1-27-87
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 30 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

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 change 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.

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reary. Diff. Reary
Squid	One Compl. Ready to Prod.	Total Depth			P.S.T.D.			
ations (OF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
ations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE - -	DEPTH SET	SACKS CEMENT - -

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (p. back pt.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

RECEIVED
 JAN 29 1987
 OCD
 HOBBS OFFICE