

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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)

☐ New Well	Change in Transporter of: ☐ Oil ☐ Gas ☐ Condensate	Other (Please explain) Split Connection on both oil & gas
☐ Recompletion		
☐ Change in Ownership		

change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 387	Pool Name, including Formation Eunice Monument G-SA	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter G : 1980 Feet From The North Line and 1980 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 ☐ RCO, Shell, & Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas ☐ GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent)

EFFECTIVE: February 1, 1992

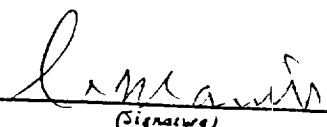
Well produces oil or liquids, or location of tanks.	Unit M	Sec. 4	Twp. 21S	Rge. 36E	Is gas actually connected? yes	When unknown
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This production is commingled with that from any other lease or pool, give commingling order number: _____

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**
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT I 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 changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Locations (DF, RKE, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Flow		Tubing Depth			
Casing		Casing		Casing		Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLES 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 run allowable for this depth or be for full 24 hours)

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

WELL

Is 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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JAN 29 1987
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