

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 06-31-83
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
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☒ Oil
☐ Dry Gas
☒ Casinghead Gas
☐ Condensate
 Other (Please explain)
Split Connection on both oil & gas

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name
Eunice Monument South Unit
Well No. **359** Pool Name, including Formation
Eunice Monument G-SA
Kind of Lease
State
Lease No.
State

Unit Letter **C** : **660** Feet From The **North** Line and **1980** Feet From The **West**
Line of Section **15** Township **21S** Range **36E** , N.M.P.V. 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 Casinghead Gas ☒ or Dry Gas ☐
GPM Gas Corporation
Address (Give address to which approved copy of this form is to be sent)

Warren Petroleum & Phillips 66 Natl Gas
EFFECTIVE: February 1, 1992
well produces oil or liquids, ☐ Unit **M** Sec. **4** Twp. **21S** Rge. **36E** Is gas actually connected? ☒ when **unknown**

his 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

reby 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.

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

OIL CONSERVATION DIVISION

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

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 allow-
able 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 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.	Drill. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.				
Wellbore (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Cementations				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.)	
Time 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
Testing Method (pilot, back pr.)	Tubing Pressure (Start - La)	Casing Pressure (Start - La)	Choke Size

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