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

P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P. O. Box 2088

DISTRICT II P. O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator											
Chevron U.S.A., Inc.									Well API No. 30 - 025-04667		
Address P. O. Box 1150, Midland,	TX 79702								30 - 023-04007		
Reason (s) for Filling (check prop	er box)					$\overline{\Box}$	Other (Please e	explain)			
New Well Recompletion	G G	hange in Trans				ш		мраш.,			
	Change in Onemter H										
If chance of operator give name	Casmigneau	Uas	<u> </u>	Condensa	ate						
and address of previous operator						·					
II. DESCRIPTION OF W	/ELL AND LEA							_			
Well No. Pool					me, Including Formation				Kind of Lease Lease No.		
Eunice Monument South	<u>Unit</u>	401 Eun			ice Monument G-SA				State, Federal or Fee		
Location						-			<u> </u>		
Unit Lette <u>r</u> I	:	1980	Feet Fro	om The	South	ı1	Line and	660	Feet From The	East Line	
Section 16 To	wnship 21S		Rang:		36E		, NMPM,		Lea		
III. DESIGNATION OF	<u> </u>	R OF OIL	AND	VATU'	RAL GA				Licu	County	
Name of Authorized Transporter of	FOil X	or Conden	nsate		Addre		Give address to	o which a	approved copy of this for	m is to he sent)	
EOTT Oil Pipeline Co., ARC	O. Texas-New Me	xico Pipelir	ae	لــا			•			ŕ	
EOTHERE Transporter of	Casinghead Gas		y Gas		Addre	:ss (Give address to	o which a	ston, TX 77210-4660 approved copy of this for	b, Suite 2604 m is to be sent)	
If well products continuity 1 _ (94 Unit	Sec.	Twp.	Rge.	ls gas a		connected ?	When			
give location of tanks.	,				1		Oldiected :	A UCU	7		
If this production is commingled wi	th that from any other	lease or pool	give co			Yes			Unknown		
IV. COMPLETION DATA	A	10me 2. k22.	BITO W.	ınınığın	ing order nu	mber:					
Designate Type of Comp	eletion (V)	Oil Well Gas 1 - (X) Date Compl. Ready to Prod.		Well 1	New Well Workover Deepen			Plugba	ick Same Res'v	Diff Res'v	
Date Spudded				 	Total Depth						
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation							P. B. T. D.		
	Name of Proc	lucing Format	ion	7	Top Oil/Gas Pay			Tubing	Tubing Depth		
Peforations								Depth (Casin; g		
	7	TUBING, CA	SING A	ND CE	MENTING	DECOL	<u> </u>	<u> </u>			
HOLE SIZE	CASIN	CASING & TUBING SIZE				EPTH SE		T	SACKS CEM	(PNT	
		·		-+				1		ICIAI	
· · · · · · · · · · · · · · · · · · ·				二				┼──			
V. TEST DATA AND REC	DUEST FOR AL	LOWARI	<u></u>								
OIL WELL (Test must be a Date First New Oil Run To Tank	after recovery of total	l volume of lox	E. 2d oil an	d must t	he equal to a	r arroad	tan allamaki.	A 48. 4	·		
Pate First New Oil Kun 10 lank	Date of Test			P	st be equal to or exceed top allowable for the Producing Method (Flow, pump, go				epth or be for full 24 hou	urs)	
ength of Test	Tubing Pressu	ıre			Casing Pressi	*****					
Actual Prod. During Test	Oil - Bbls.	Oil Dhi					•	Choke S	Size		
	Oii • Dois.]W	Water - Bbls.				CF			
GAS WELL Actual Prod. Test - MCF/D								<u> </u>			
	Length of Test	,		Bi	bls. Conden	sate/MM	ICF	Gravity	of Condensate		
esting Method (pilot, back pre	ss.) Tubing Pressur	Tubing Pressure (Shut - in)			asing Pressu	re (Shut	i\		Choke Size		
					(Stidt - III)				ize		
I hereby certify that the rules and re	egulations of the Oil (⁷ oneenvetion				~ (
Division have been complied with	and that the information		re.		OIL CONSERVATION DIVISION						
is true and complete to the best of r	ny knowledge and bel	ief.	•		Date Approved FEB 0 3 1994						
J.K. Rioley					0 .001						
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
J. K. Ripley T.A. Printed Name				-	Title DISTRICT I SUPERVISOR						
12/8/02					-						
Date	Tele)687-7148 lephone No.									
INSTRUCTIONS: This form is t	o be filed in compliar	nce with Rule	1104							j	

- 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.