

Chevron U.S.A. Inc.

P.O. Box 670, Hobbs, NM 88240

1) for listing (Check proper box)

• Well

Change in Transporter of:

Population

Qu

1 Dry Gas

Change in Ownership

☐ Casinghead Gas

Condensate

Other (Please explain)

Chg name from Meyer A-14 to
Eunice Monument South Unit #370

e of ownership give name

Case of previous owner Conoco, Inc.

DESCRIPTION OF WELL AND LEASE

Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eunice Monument S.	370	Eunice Monument G/SA	State, Federal or Fee Federal	
unit				
Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
of Section	18	Township	21S	Range
			36E	N.M.P.
			Lea	County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Gas <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
transfers oil or liquids, ation of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

production is commingled with that from any other lease or pool, give commingling order number:

Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

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.

M. E. Abner

M.E. Akins (Signature)
Staff Drilling Engineer

(Tulu)

January 25, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 28 1988, 19 88

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

TITLE _____

This form is to be filled in compliance with AULZ 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 AULI 111.

All sections of this form must be filled out completely for allowance 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.

RECEIVED

JAN 26 1988
OCD
HOBB'S OFFICE