

Submit 5 Copies
Appropriate District Office
DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04689
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If chance of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 377	Pool Name, Including Formation Eunice Monument G-SA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 17 Township 21S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666, Suite 2604					
EOTT Oil Pipeline Co. , ARCO, Texas-New Mexico Pipeline						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EOTT Energy Pipeline LP						
If well produces oil or liquids, give location of effective date Effective 4-1-94	Unit	Sec.	Twp.	Rge.	Is gas actually connected ? Yes	When ? Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Peforations						Depth Casin, g		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

J. K. Ripley
Signature
J. K. Ripley
Printed Name
12/8/93
Date
T.A.
Title
(915)687-7148
Telephone No.

OIL CONSERVATION DIVISION

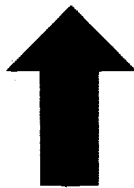
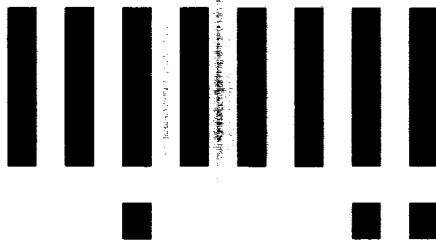
Date Approved **FEB 03 1994**

By
ORIGINAL SIGNED BY JERRY SEXTON
Title
DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.

blank



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well
☒ Oil ☐ Gas ☐ Other

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address and Telephone No. (915) 687-7436

P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SECTION 17, T-21-S, R-36-E

1980' FNL & 660' FWL

E

5. Lease Designation and Serial No.

~~NM-1151~~ LC-031740-A

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

EMSU

8. Well Name and No.

EMSU #377

9. API Well No.

30-025-04689

10. Field and Pool, or Exploratory Area

EUNICE MONUMENT

11. County or Parish, State

LEA CO, NEW MEXICO

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12	TYPE OF SUBMISSION	TYPE OF ACTION		
	<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	
	<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	
	<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing	
		<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off	
		<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection	
		<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

WE PROPOSE TO:

POH W/RODS & TUBING. NU BOP, TAG & CLEAN OUT FILL IF NECESSARY TO 4120'.

ACDZ OH 3809'-4120' W/5000 GALS 15% NEFE HCL, SWB BACK LOAD.

RETURN WELL TO PRODUCTION.

14. I hereby certify that the foregoing is true and correct

Signed Nita Rice NITA RICE

Title TECHNICAL ASSISTANT

Date 12/14/93

(This space for Federal or State office use)

Approved by (DRG. SCD.) JOE G. LARA

Title PETROLEUM ENGINEER

Date 2/17/94

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side