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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

Operator <b>Chevron U.S.A., Inc.</b>		Well API No. <b>30 - 025-04735</b>
Address <b>P.O. Box 1150, Midland, TX 79702</b>		
Reason (s) for Filling (check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name <input type="checkbox"/> Address of previous operator		
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

DESCRIPTION OF WELL AND LEASE

Well Name <b>Eunice Monument South Unit</b>	Well No. <b>440</b>	Pool Name, Including Formation <b>Eunice Monument G-SA</b>	Kind of Lease State, Federal or Fee	Lease No.
Unit Letter <b>D</b> : <b>0660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line Section <b>21</b> Township <b>21S</b> Range <b>36E</b> , NMPM, <b>Lea</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address <b>P.O. Box 4666, Houston, TX 77210-4666, Suite 2604</b>
Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address <b>P.O. Box 4666, Houston, TX 77210-4666, Suite 2604</b>
Well produces oil or liquids Location of tanks <b>FOOT Energy Pipeline LP</b> <b>Effective 4-1-94</b>	Is gas actually connected ? <b>Yes</b>
Unit <b>LP</b>	When ? <b>Unknown</b>

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

COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Spudded	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth		P. B. T. D.					
Producing Formations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					Depth Casing			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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

WELL	
Prod. Test - MCF/D	Length of Test
Flowing 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.  
**K. Ripley**  
Signature  
**K. Ripley**  
Printed Name  
**1/94**  
Date  
**T.A.**  
Title  
**(915)687-7148**  
Telephone No.

OIL CONSERVATION DIVISION <b>FEB 03 1994</b>	
Date Approved	
By	<b>ORIGINAL SIGNED BY JERRY SEXTON</b>
Title	<b>DISTRICT I SUPERVISOR</b>

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104  
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.  
All sections of this form must be filled out for allowable on new and recompleted wells.  
Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.  
Separate Form C - 104 must be filed for each pool in multiply completed wells.