

OIL CONSERVATION DIVISION

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

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

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04743
Address P. O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (<i>check proper box</i>)		
New Well	<input type="checkbox"/>	<input type="checkbox"/> Other (<i>Please explain</i>)
Recompletion	<input type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	
Change in Transporter of:		
Oil	<input checked="" type="checkbox"/>	Dry Gas
Casinghead Gas	<input type="checkbox"/>	Condensate
If chance of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Eunice Monument South Unit	443	Eunice Monument G-SA		
Location				
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line				
Section <u>21</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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)	
EOTT Oil Pipeline Co., ARCO, Texas-New Mexico Pipeline										P.O. Box 4666, Houston, TX 77210-4666, Suite 2604	
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										Is gas actually connected ?	
Effective 4-1-94										When ?	
If this production is commingled with that from any other lease, name of lease										Yes	
										Unknown	

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 (E)

GAS 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.

I hereby certify that the foregoing is a true and correct copy to the best of my knowledge and belief.

Signature	T.A.
J. K. Ripley	
Printed Name	Title
1/18/94	(915)687-7148
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 03 1994

By _____
Title _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

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.

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