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

Energy, Minerals and Natural Resources Departme

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

## **OIL CONSERVATION DIVISION**

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.													
Operator Chevron U.S.A., Inc.										Vell API No. 30 - 025-04743	<del></del>	<del></del>	
Address P. O. Box 1150, Midland, TX	79702								<del></del> -				
Reason (s) for Filling (check proper box,							Other (Pi	lease ex	plain)				
Recompletion	Cha Oil	nge in Trans		: ry Gas									
Change in Operator	Casinghead G	as	_	ondensati	e 📙								
If chance of operator give name and address of previous operator													
<b>II. DESCRIPTION OF WELL</b>	AND LEAS	E											
					Including Formation					Kind of Lease No. State, Federal or Fee			
Eunice Monument South Unit 443 Eun Location					ice Monument G-SA						e		
Unit Letter G	:	1980	Feet From	n The	Norti	<u> 1</u>	Line and		1980	Feet From TI	ne <u>Eas</u>	st Line	
Section 21 Township			Range		6E		, NMPM,		L	ea_		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
-	X	or Conden	Г	_	Addre	ess	(Give ada	iress to	which appr	oved copy of this	form is to	be sent)	
EOTT Oil Pipeline Co., ARCO, Te Name of Authorized Transporter of Casing	xas-New Mexi						P.O. Bo	x 4666	, Houstor	n, TX 77210-4	666, Sui	te 2604	
<u></u>	glieau Gas	or D	y Gas		Addre	ess	(Give ada	iress to	which appr	oved copy of this	form is to	be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas a	actually	connected	?	When?				
					Yes				Unknown				
If this production is commingled with that IV. COMPLETION DATA	from any other le	ase or pool,	give com	mingling	g order nu	ımbe <u>r:</u>							
		Oil Well	Gas W	ell Ne	w Well	Work	over De	epen	Plugback	Same Res'v	Diff Re	a)	
Designate Type of Completion  Date Spudded		andrita Dec	<u> </u>	70							Dill Ke	S V	
Date Compi. Ready to Flod.					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				
Hot E grap	D СЕМ	EMENTING RECORD											
HOLE SIZE CASING & TUB			SIZE		DEPTH SET				SACKS CEMENT				
		<del></del>			<del>-</del>								
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR ALL	OWABL	E										
OIL WELL (Test must be after recovery of total volume of load oil and must be First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tuking Day									, gus igt, ex.)			
				Cas	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				
esting Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)				Choke Size				
I hereby certify that the rules and regulati	ions of the Oil Co	nservation				•	טוו הי	ישוען	ERWAT	ION DIVIC			
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved 1834								
Signature Signature					Ву _	<del></del>	)	<i>-</i>					
J. K. Ripley T.A.					ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR								
Printed Name Title					- 1110				· Jures	-130R			
1/18/94 Date		87-7148 phone No.	_										
INSTRUCTIONS, This s	100											1	

TRUCTIONS: 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
- 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