

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-04755
Address O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (check proper box) <div><input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator</div> <div><input type="checkbox"/> Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/></div> <div><input type="checkbox"/> Other (Please explain)</div>		
Signature of operator give name Address of previous operator		

DESCRIPTION OF WELL AND LEASE			
Well Name Eunice Monument South Unit	Well No. 452	Pool Name, Including Formation Eunice Monument G-SA	Kind of Lease State, Federal or Fee
Lease No.			
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 22 Township 21S Range 36E , NMPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil TT Oil Pipeline Co., ARCO, Texas-New Mexico Pipeline		Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666, Suite 2604	
Name of Authorized Transporter of Casinghead Gas EOG Energy Pipeline LP		Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquid location of tanks Effective 4-1-94	Sec.	Twp.	Rge.
Is gas actually connected ? Yes		When ? Unknown	

Production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Spudded		Date Compl. Ready to Prod.		Total Depth		P. B. T. D.			
Conditions (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Conditions						Depth Casing			
TUBING, CASING AND CEMENTING RECORD									
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.)	
1 of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Prod. Test - MCF/D							
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.							
Signature K. Ripley				T.A.			
Printed Name /94				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
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.