

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**CHEVRON U.S.A. INC.**

Address  
**P. O. Box 670, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <b>Name Change Effective 7-1-85</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eunice Monument South</b>	Well No. <b>426</b>	Pool Name, including Formation <b>Eunice Monument</b>	Kind of Lease <b>State, Federal or Fee B-229</b>	Lease No.
Location <b>Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West</b>				
Line of Section <b>15</b> Township <b>21S</b> Range <b>36E</b> NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1910, Midland TX 79701</b>
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, OK 74100</b>
If well produces oil or liquids, give location of tanks. Unit <b>6</b> Sec. <b>15</b> Twp. <b>21S</b> Rge. <b>36E</b>	Is gas actually connected? <b>Yes</b> When <b>Unknown</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

**R.D. Pate**  
(Signature)

Area Engineer

(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **J. P. ...**  
TITLE **DISTRICT 1 SUPERVISOR**

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

AUG 30 1985

O.C.D.  
HOLDS OFFICE