STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	T	
OIST RIGUTION	+	7
BANTA PE	i -	÷
FILE	: -	! :
V.A.G.A.	┼	┼
LANG OFFICE		!- -
TRAMEPORTER		L
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q		
OPENATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE. NEW MEXICO 87501

Form C:04 Revised 10-011-78 Formal 06-01-83 Page 1

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

OPERATOR REQUES	ST FOR ALLOWABLE
	1110
Operator	RANSPORT OIL AND NATURAL GAS
CHEVRON U.S.A. INC.	
D.O. DON CO.	
Reason(s) for tiling (Check proper box) 88240	
II New York	Other (Please expining)
Recompletion Change in Transporter of:	
Change in Change in Change	Change name from the Eunice Monument
Cdeinghead Gas	1 bout on the Funda Manus
If change of ownership give name	South Unit # 3.
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name	
Eunice Monument South Unit: 3 Eunice - Mile	ing Formation Kind of Lease
Location Continuent South Unite 3 Carrice - Mi	ENUMENT GB-SA State, Federal or Fee State
then the second of the second	
Unit Letter M: 660 Feet From The South	_Line and _ 660
Line of Section 15 Township 210	Feet From The West
21S Range	36E NUPU. Lea
M. DESIGNATION OF TRANSPORTER OF OIL AND NATUI	Lea County
Name of Authorized Transporter of OIL OF Condensate O	RALGAS
	Address (Give address to which approved copy of this form it to be sent)
Name at Authorized Transporter of Casingnead Gas ar Dry Gas	
	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids. Unit Sec. Twp. Rge.	110000
give location of tanks.	Is as actually connected? When
If this production is commingled with that from any other lease or poor	
NOTE: Complete Brown Free 1 to	ol, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
7. CERTIFICATE OF COMPLIANCE	1
·-	OIL CONSERVATION DIVISION
hereby certify that the rules and tegulations of the Oil Conservation Division have een complied with and that the information gives in the	
een complied with and that the information given is true and complete to the best of the best of the period belief.	of 19
•	BY
$m \in \mathcal{A}$	TITLE
m. E. abin	This form is to be filed in compliance with RULZ 1104.
(Signature)	" [] •• •• •• •• • • • • • • • • • • • •
Staff Drilling Engineer	well, this form must be accompanied by a tabulation of the deviation
August 30 1000	All sections of the f
August 30, 1988	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)	Fill out only a
	well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each many
	Il and the state of the state o

completed wells.

	,