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

Energy, Minerals and Natural Resources Departmen.

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

## OIL CONSERVATION DIVISION

P. O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

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

Operator Chevron U.S.A., Inc.										ell API No.			
Address 30 - 025-21902													
P. O. Box 1150, Midland, T. Reason (s) for Filling (check proper	X 79702					<del>- ,</del>							
New Well Change in Transporter of:													
Recompletion	Recompletion Oil X Dry Gas												
Change in Operator Casinghead Gas Condensate													
If chance of operator give name and address of previous operator													
II. DESCRIPTION OF WE	ELL AND LEASI	E											
Lease Name	Name, Ir	Including Formation					Kind of Lease No.						
Eunice Monument South Unit 282 Euni					Monur	nant				te, Federal or Fee	Down	110.	
Location	Builde	ce Monument					<del></del>	<u></u>					
Unit Letter A	:	0660	_Feet Fr	om The	Nort	h	Line	and	760	_ Feet From The	East L	_ine	
Section 08 Town	Section 08 Township 21S Range				36E , NMPM,				Lea	_			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved any of the Condensate												41	
EOTT Oil Pineline Co. A DO	X X	·- Vari	D:		l							•	
EOTT Oil Pipeline Co. ARC	asinohead (iac	or [	.co Pi ) y Gas	.pelli	ne   Addr	229	P.O.	Box 4666	6, Houston,	TX 77210-46	66, Suite 260	04	
EUIT Energy Pinelii	nalD				, , , , , ,	Cas	(Uire	auaress w	wnich appro	ved copy of this fo	orm is to he ser	nt)	
If well proveres oil of liquids, give location of tanks 6 4-1-94	1 Unit	Sec.	Twp.	Rge.				ected?	When ?				
If this production is commingled with	that from any other le	ase or pool	l pive co	mmingli	ng order n	Yes umber:				Unknown			
IV. COMPLETION DATA			, 8		ng order	IIIIOCI.							
Designate Type of Comple	(V)	Oil Well	Gas V	Well	New Well	Wor	kover	Deepen	Plugback	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Re	eady to Pro	74 		Total Dept	Ļ				<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Ga				P. B. T. D.				
					Top On Oas Fay				Tubing Dep	Tubling Depth			
Peforations						Depth Casin	Depth Casin; g						
HOLE SIZE	ND CE	MENTIN											
	CASING	& TUBING	J SIZE	$\rightarrow$		DEPTI	I SET		SACKS CEMENT				
				=									
V. TEST DATA AND REQU	UEST FOR ALL	OWABI	IR.						<u> </u>				
OIL WELL (Test must be aft				ıd must t	e equal to	or exc	eed top	allowable t	for this depth	or he for full 24 1			
	P	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test					Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas - MCF	Gas - MCF			
GAS WELL	Length of Test								1				
Actual Prod. Test - MCF/D	В	bls. Conde	nsate/	MMCF		Gravity of C	ondensate	<del></del>					
esting Method (pilot, back press.) Tubing Pressure (Shut - in)					Casing Pressure (Shut - in)				Choke Size				
											<del></del>		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved								
Q.K. Kipley		By ORIGINAL SIGNED BY JERRY SEXTON											
Signature / T.A.					DISTRICT I SUPERVISOR								
Printed Name	Title				Title_								
12/8/93		687-7148		ŀ									
Date		phone No.											

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.