Suomit 5 Copies Appropriate District Office $\underline{\rm DISTRICT\,I}$

<u>DISTRICT II</u>

I.

P. O. Box 1980, Hobbs, NM 88240

Hnergy, 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

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 Chayron II S.A. Inc.	· · · · · · · · · · · · · · · · · · ·						· ·		ell API No.			
Address									30 - 025-21902			
P. O. Box 1150, Midland, TX 79 Reason (s) for Filling (check proper box)	702											
New Well	Chan	nge in Trans				()	Other (Please ex	plain)				
Recompletion	Oil Chan	ge in trans		y Gas								
Change in Operator	Casinghead Ga	ıs	-	ndensate								
If chance of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEASF	_ _							-			
Lease Name Well No. Pool Name, including Formation Kind of Lease									Lease No.			
Eunice Monument South Unit	unice N	Monument				ate, Federal or Fee						
Eunice Monument South Unit 282 Eunice Monument Location												
Unit Letter A	:	0660	Feet Fron	n The	North	1 Li	ine and	760	Feet From The	East Line		
Section 08 Township	218		Rangı	36	6E	,)	NMPM.	Le	ea	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
EOTT Oil Pipeline Co. , ARCO,	Texas Nev			<u>eline</u>		P.	.O. Box 4666	, Houston	n, TX 77210-46	66, Suite 2604		
Name of Authorized Transporter of Casingly	nead Gas	or D	y Gas		Addr	ess (G	Give address to	which appr	roved copy of this fo	orm is to be sent)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	e. Is gas actually connected? Yes		connected? When			<u> </u>		
give location of tanks.							Unknown					
Yes Unknown												
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	Gas W	ell Ne	ew Well	Workove	er Deepen	Plugback	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.					otal Dept	h		P. B. T. D	 :	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Peforations								Depth Casin; g				
	TI	'RING C	SING AT	CEM CEM	ENTIN.	CPECOD	· · ·		,			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SE		SACKS CEMENT				
				-								
V. TEST DATA AND REQUES OIL WELL (Test must be after re												
Date First New Oil Run To Tank Date of Test Date of Test Date of Test						t be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tuhing Processes						· · · · · · · · · · · · · · · · · · ·		<u> </u>	·		
	th of Test Tubing Pressure				ising Pres	ssure		Choke Siz	e			
Actual Prod. During Test	Oil - Bbls.			Wa	Water - Bbls.			Gas - MCF				
GAS WELL								<u> </u>	-			
Actual Prod. Test - MCF/D	Length of Test				ls. Cond	ensate/MM	1CF	Gravity of Condensate				
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size				
			-					<u> </u>				
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.					FEb · 3 · Son							
is true and complete to the oest of my kind	wieuge and bein	eı.				Approv	vea					
4. K. KIPPLIK					By ORIGINAL SIGNED BY JERRY SEXTON							
Signature J. K. Ripley T.A.					DISTRICT I SUPERVISOR Title							
Printed Name	Title				lille.							
12/8/93 (915)687-7148												

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.

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