State of New Mexico Energy, Minerals and Natural Resources Departme

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								- We	II API No.			
Chevron U.S.A., Inc.									30 - 025-25487			
P. O. Box 1150, Midland, TX	79702											
Reason (s) for Filling (check proper box. New Well						Oth	eı (Please e.	xplain)				
Recompletion	Chai Oil	nge in Tran	_	of: Dry Ga:								
Change in Operator	Casinghead G	as		Conden								
If chance of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEASI	E										
Lease Name Well No. Pool Na					e, Including Formation				d of Lease	Lease No.		
Eunice Monument South Unit		148	<u> </u>	Eunic	e Monum	ent G-SA		Stat	te, Federal or Fee			
Location										<u> </u>		
Unit Letter H	:	2080	Feet Fro	om The	Nort	Line	and	660	_ Feet From The	East Line		
Section 22 Township			Range		36E		4PM,	Lea	1	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPORTER (ATU								
	X	or Conde			Addr	ess (Giv	e address to	which appro	ved copy of this fo	rm is to be sent)		
Name of Authorized Transporter of Casin	exas-New Mexi			<u> </u>	-	P.O	. Box 466	6, Houston,	TX 77210-466	66, Suite 2604		
	gnead Gas	or L) y Gas	_	_ Addr	ess (Giv	e address to	which appro	ved copy of this fo	rm is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?			When?				
If this much sain is a second						Yes			Unknown			
If this production is commingled with that IV. COMPLETION DATA	from any other le	ase or pool	l, give coi	mmıng	ling order ni	ımbe <u>r:</u>						
	(77)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded	1 - (X) Date Compl. Re	eady to Pro	nd .		Total Depti			DDTD				
2.30 Somplification to 110								P. B. T. D.	Б. 1. <i>D</i> .			
	Name of Producing Formation Top Oil/Gas Pay Tubing Depth											
Peforations								Depth Casir	n; g			
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					EMENTIN	G RECORD						
HOLE SIZE	CASING	G & TUBING SIZE			DEPTH SET			SACKS CEMENT				
						·						
V. TEST DATA AND REQUES	ST FOR ALL	OWABI	LE									
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						st 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	77.1: 0				, , , , , , , , , , , , , , , , , , , ,				·.)			
	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF				
GAS WELL								L				
aal Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)			Choke Size				
Lharabu garifi tha d								<u> </u>				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my kn	owledge and belie	. 51 von 400 f.	7 7 6		Date .	Approved	ı fi	6 - 5 1	994			
O. K. Ricler					By							
Signature J. K. Ripley T.A.					ORIGINAL SIGNED BY JEWRY SEXTON							
Printed Name	T.A.				Title_		DISTRICT	,				
1/18/94		87-7148										

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.

Telephone No

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.