

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☒ Oil	Split Connection on both oil & gas
☐ Change in Ownership	☒ Casinghead Gas	
	☐ Dry Gas	
	☐ Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eunice Monument South Unit</u>	Well No. <u>266</u> Pool Name, including Formation <u>Eunice Monument G-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>U</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>21S</u> Range <u>36E</u> , N.M.P.M., Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>ARCO, Shell, & Texas New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum & Phillips 66 Natl Gas <u>EFFECTIVE February 1, 1992</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>4</u> Twp. <u>21S</u> Rge. <u>36E</u>
Is gas actually connected?	When <u>unknown</u>

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.

IV. 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.

[Signature]
(Signature)
New Mexico Area Superintendent

1-23-87
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 29 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed 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 1111.

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 name, well name or number, or transporter, or other such changes.

Separate Forms C-104 must be filed for each well or field or completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reary.	D.H. Fee
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (D.F., R.K.B., R.T., GR., etc.)	Name of Producing Formation		Top Oil/Gas Entry		Tubing Depth				
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE - - -	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Is First New Well Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

FILED
OCT 10 1978
OIL & GAS
FBI - OREGON