

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Condensate	

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eunice Monument South Unit</b>	Well No. <b>447</b>	Pool Name, including Formation <b>Eunice Monument G-SA</b>	Kind of Lease <b>State, Federal or Fee State</b>	Lease No.
Location Unit Letter <b>G</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>2080</b> Feet From The <b>East</b> Line of Section <b>22</b> Township <b>21 S</b> Range <b>36 E</b> , N.M.P.M., <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2463, Houston, Texas 77001</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1967, Houston, Texas 77001</b>
If well produces oil or liquids, give location of tanks. Unit <b>J</b> Sec. <b>22</b> Twp. <b>21 S</b> Rge. <b>36 E</b>	Is gas actually connected? <b>Yes</b> When <b>10-1-86</b>

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.

VI. 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.

*MW Casey*  
(Signature)  
**Division Proration Engineer**  
(Title)  
**5/12/86**  
(Date)

OIL CONSERVATION DIVISION  
**MAY 19 1986**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
TITLE \_\_\_\_\_

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 111.  
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 owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
9/17/85	11/7/85		4051			4000			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3596.7 G E	Graybury		3943			3953			
Perforations						Depth Casing Shoe			
3943 - 3983 (2-1/2" JHPF, 12 shots)									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4		11 3/4		365		275 SX			
11		8 5/8		2850		670 SX			
7 7/8		5 1/2		4051		350 SX			
		2 3/8		3953					

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/30/85	4/6/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	28 psi	28 psi	2" W.O.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
70	10	60	53

#### GAS WELL

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

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