STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.

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

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit	247	Eunice Monument G/SA	State, Federal or Fee State	

Location

Unit Letter R : 1980 Feet From The South Line and 2120 Feet From The East

Line of Section 6 Township 21S Range 36E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co Shell	
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natl Gas	

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	4	21S	36E	yes	unknown

If 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.*

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)
NM Area Supt.
(Title)
1-27-87
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 3 1987, 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.

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/13/86	12/17/86	4155	4110

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3574.1' GL	Grayburg	3700	4094

Perforations	Depth Casing Shoe
3700 - 3966 (44 holes)	4155

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	11 3/4	348	325
11	8 5/8	2632	625
7 7/8	5 1/2	4155	525

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/17/86	1-19-87	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS.	30	30	WO
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	12	135	16

GAS WELL

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

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Form C-105
Revised 11-1-76

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.

TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] OTHER

TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEPEN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] OTHER

7. Unit Agreement Name: Eunice Monument South Unit

8. Farm or Lease Name

9. Well No.: 247

Name of Operator: Chevron U.S.A. Inc.

Address of Operator: P.O. Box 670 Hobbs, NM 88240

10. Field and Pool, or Wildcat: Eunice Monument G/SA

Location of Well: LETTER R LOCATED 1980 FEET FROM THE South LINE AND 2120 FEET FROM

East LINE OF SEC. 6 TWP. 21S RGE. 36E NMPM

12. County: Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
2/13/86	2/27/86	12/17/86	3574.1' GL	

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
4155	4110		→	0-4155	

24. Producing Interval(s), of this completion — Top, Bottom, Name: 3700' - 3966' Eunice Monument Grayburg/San Andres

25. Was Directional Survey Made: No

26. Type Electric and Other Logs Run: DII/MSFL/CNL/LDT/EPT/BHC/RFT

27. Was Well Cored: Yes

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB. FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
11 3/4	42	348	14 3/4	325 sacks	
8 5/8	24 & 32	2632	11	625 sacks	
5 1/2	15.5	4155	7 7/8	525 sacks	

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8	4094	

31. Perforation Record (Interval, size and number): 3700 - 3966 (44 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3700-3966	4100 gallons 15% NEFE HCL

PRODUCTION

First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
12-17-1986	Pumping	Prod.

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
1-19-87	24	WO		12	16	135	1333

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
30	30		12	16	135	33.0

Disposition of Gas (Sold, used for fuel, vented, etc.): used for fuel

Test Witnessed By

List of Attachments: Deviation survey report.

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED L M Mann TITLE NM Area Supt. DATE 1-27-87

INSTRUCTIONS

This form is to be filed with the appropriate strict Office of the Commission not later than 2[illegible] s after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy	1162	T. Canyon		T. Ojo Alamo		T. Penn. "B"	
T. Salt	1220	T. Strawn		T. Kirtland-Fruitland		T. Penn. "C"	
B. Salt	2522	T. Atoka		T. Pictured Cliffs		T. Penn. "D"	
T. Yates	2683	T. Miss		T. Cliff House		T. Leadville	
T. 7 Rivers	2957	T. Devonian		T. Menefee		T. Madison	
T. Queen	3404	T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg	3732	T. Montoya		T. Mancos		T. McCracken	
T. San Andres		T. Simpson		T. Gallup		T. Ignacio Qtzte	
T. Glorieta		T. McKee		Base Greenhorn		T. Granite	
T. Paddock		T. Ellenburger		T. Dakota		T.	
T. Blinebry		T. Gr. Wash		T. Morrison		T.	
T. Tubb		T. Granite		T. Todilto		T.	
T. Drinkard		T. Delaware Sand		T. Entrada		T.	
T. Abo		T. Bone Springs		T. Wingate		T.	
T. Wolfcamp		T.		T. Chinle		T.	
T. Penn.		T.		T. Permian		T.	
T. Cisco (Bough C)		T.		T. Penn. "A"		T.	

OIL OR GAS SANDS OR ZONES

No. 1, from ..... to ..... No. 4, from ..... to .....

No. 2, from ..... to ..... No. 5, from ..... to .....

No. 3, from ..... to ..... No. 6, from ..... to .....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from ..... to ..... feet. .....

No. 2, from ..... to ..... feet. .....

No. 3, from ..... to ..... feet. .....

No. 4, from ..... to ..... feet. .....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1162	1162	Redbeds				
1162	1220	58	Anhydrite				
1220	2522	1302	Salt				
2522	3404	882	Anhydrite, Salt, Sandstone				
3404	3732	328	Sandstone, Dolomite				
3732	TD	423	Dolomite, Sandstone				