STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

DISTRIBUTION	
STA FE	
LE	
.S.G.S.	
ND OFFICE	
ANSPORTER OIL	
GAS	
ERATOR	
RATION OFFICE	

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

ator
Chevron U. S. A. Inc.
ress
P. O. 670, Hobbs, New Mexico 88240
son(s) for filing (Check proper box)

X New Well
Recompletion
Change in Ownership

Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

nge of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

e Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eunice Monument South Unit	240	Eunice Monument - G-SA	State, Federal or Fee Fed	

nion
nit Letter S : 1830 Feet From The South Line and 2080 Feet From The West

ine of Section 4 Township 21S Range 36E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

e of Authorized Transporter of Oil ☒ or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent)
Arco, Shell, Texas NM Pipeline

of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natl Gas & Warren

ll produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	4	21S	36E	Yes	Unknown

production is commingled with that from any other lease or pool, give commingling order number:

E: *Complete Parts IV and V on reverse side if necessary.*

ERTIFICATE OF COMPLIANCE

y certify that the rules and regulations of the Oil Conservation Division have mplied with and that the information given is true and complete to the best of owledge and belief.

L. M. Sanders
(Signature)
NM Area Supt.
(Title)
9-16-87
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1987, 19

BY

TITLE Eddie W. Seay
Oil & Gas Inspector

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.

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					

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-10-87	7-15-87	3950	3925

vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3569	Grayburg - SA		

forations 3798-3803, 3812-26, 3834-50, 3886-75 (53 HOLES) 1JHPF 4" GUN 120° PHASING, 3468-86, 3690-94, 3906-09, 3719-29, 3732-41, 3746-50, 3754-59, 3764-77 (52 HOLES)

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1300	800 SX CL "C" CIRC
7 7/8	5 1/2	3950	LD 400 SX CL "C" CIRC
			TL 250 SX CL "C" CIRC

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

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-17-87	8-14-87	pump	

gth of Test	Tubing Pressure	Casing Pressure	Choke Size
24	20	20	2" WD

al Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	10	107	10

WELL

al Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

ing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size