PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719

#### State of New Mexico En \_\_\_\_, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

# **OIL CONSERVATION DIVISION** 2040 South Pacheco

1000 Rio Brazos Rd	l., Aztec, NI	M 87410		Santa	Fe, NM	87505					5 Copie		
District IV 2040 South Pacheco	, Santa Fe,	NM 87505								AME	ENDED REPORT		
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			rator name an		72.42.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	<u> </u>			<sup>2</sup> OGRID		L		
Chevron U.S	S.A. In	•	dioi name	u Addiess				43	22				
P.O. Box 1									4323 n for Filing Code				
Midland, T		,				CG EFFECTIVE 7/							
	PI Number				5 Pc	ool Name	••••		6 Pool Code				
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	perty Code	7312		LUNIOL		erty Name	(U-SMI MI	UKES		9 Well Number			
1	2616			EU	NICE MONU	-	IITH HNIT		643				
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		Hole Loc		1	1 1610	<u> </u>	300111	16/0		ASI	LEA		
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from t	he No	rth/South Lin	e Feet from the	Fast/	West line	County		
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12 Lse Code	<sup>13</sup> Produc	ing Method Co	de <sup>14</sup> Gas C	Connection Date	15 C-12	9 Permit N	umber	<sup>16</sup> C-129 Effe	I ctive Date	17 C-	129 Expiration Date		
S		Р		1992				<del>-</del>			in anymine.		
III. Oil and	d Cas T	`ransnorte								_1			
18 Transporter			nsporter Name	<u></u> е	20	POD	21 O/G	22	POD ULST	TR Location	nn		
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07156					<del></del>	·····							
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31 Ho	le Size		32 Casins	g & Tubing Size			33 Depth Set			<sup>34</sup> Sacks C	amant		
110	IC GIZC		<u> </u>	, oc ruome one			Depui dec			- Sacks	епын		
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VI. Well To	est Dat	L 9						L					
35 Date New C		<sup>36</sup> Gas Deliver	y Date	37 Test Date	e	38 Test L	ength	39 Tbg. Pro	essure	40	Csg. Pressure		
l								-		Jog. 1100010			
41 Choke Size		<sup>42</sup> Oil		43 Water		44 Ga:	c	45 AOF	45 AOF 46 Test Method				
<b>-</b>				******			•				1631 MOUNOS		
47 * 1 L-1 partify	**	1 Cd Oil C		St. St Canalia									
<sup>47</sup> I hereby certify complied with and	I that the in	formation giver	onservation L above is true	Division have or and complete	to		OIL C	ONSERVAT	ION DIV	ISION			
the best of my kno Signature:	wledge and	belief .	la.		Аррг	oved by:	minima et o	Ne de la company		0.349			
Printed name:	fil	Ry	<u>ug</u>	<del></del>	III		MICHALL I	inde i com	. 1) - 11 - 11 <del>3</del>	·			
J. K. RIPLI	EY	•	U		Title	:							
Title:		· · · · · · · · · · · · · · · · · · ·			Appr	oval Date:	· .						
TECHNICAL A	<u>ISSISTAN</u>	IT			<del></del>		. 3						
Date: 11/23/	/98		Phone: (91	5)687-7148									
48 If this is a cha	inge of ope	rator fill in the	OGRID numb	er and name of	the previous	operator							
		·	<del></del>										
	Pre	vious Operator	Signature			Printed Na	ame		Titl	le	Date		

# State of New Mexico ergy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

District RC

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Instruction on back Submit to Appropriate District Office 5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

		Cha		rator Name		<sup>2</sup> OGRID Number												
			Box '		IIIÇ.						-	<sup>3</sup> Reason for	Filing C	4323 Filing Code New Gas POD's				
		Midl	and, T	X 7970	)2	··-						Delete Pre						
<sup>4</sup> API 30 - 025 - 3			Eur		Name 6 Pool Cod													
<sup>7</sup> Prope	rty Code						<sup>8</sup> Pro	perty	rty Name <sup>9</sup> Well Nu									
	616 * <b>f</b> 000	Logoti				Eunice	Monu	men	ent South Unit 643									
II. 10 Su	rface	·	ownship	Range	1 1	ot ldn.	Feet fr	om th	ne North/South Line Feet f			Feet from the	East	West Line	County			
x	00	6	215	36E			12	75		South		1275		East	Lea			
11 <b>B</b> o1	ttom F	lole Lo	ocatio	<del></del>	<b></b>				· · · · · · · · · · · · · · · · · · ·									
UI or Lot. No.	Section	Town	nship	Range	Lot	ldn.	Feet from	the	North/South Line F		F	eet from the	East/W	est Line	County			
<sup>12</sup> Lse Code		icing Meth	nod Code	Code 14 Gas Connection Date 15 C-1					Permit Number 16 C			129 Effective I	Date	<sup>17</sup> C-129 E	Expiration Date			
<u> </u>	}			12	<u> </u>	42												
III. Oil and	·	irans		'S ransporter	Name			20	POD	<sup>21</sup> O/G	Т		22 PAN I	JLSTR Loca				
OGRID			·	and Add						0/3	_			d Description				
02234	5		o E&P					281!	5413	G								
		P.O. B	ox 432	5, Housto	n, TX	7721	0				-	<del></del>	P-06	-21S-36E				
00917	1	GPM	-					281	<u>5414</u>	G		P. / .	51.	7,				
		4001	Penbroo	k, Odess	a, TX	7976	2					P-6-;	X 15	- 366	<u> </u>			
IV. Produc	ed Wa	ater		<u></u>			I				<b>**!</b>				***			
<sup>23</sup> P(		<u> </u>					<sup>24</sup> PO	D UL	STR Loc	cation and	Des	cription						
V W-8 0		<u> </u>																
V. Well C	omple ud Date	tion D		<sup>6</sup> Ready Da	ate			<sup>27</sup> TC	······	<del></del>		<sup>28</sup> PBTD		29 [	Perforations			
3	<sup>0</sup> Hole Siz	ze		31 Ca	sing 8	k Tubing	Size	+	32 Depth Set 33 Sacks Ceme						Cement			
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\/L\A/-!LT	D							Ш	Lun-									
VI. Well To		<del></del>	<sup>6</sup> Gas De	divoru T		<sup>36</sup> Test	Doto	Т	37 <b>-</b>	est Length		38 -		1 30				
Date N	cvv On		Date			1681	Date		16	est Length	<b>,</b>	Ibg.	Pressur	e	Csg. Pressure			
<sup>40</sup> Choke	0:	ļ	41 -		<sup>42</sup> Water			•										
Choke	Size		<sup>41</sup> Oi	1		T Wa	ater	İ	•	<sup>13</sup> Gas		44	AOF	46	Test Method			
46 I hereby ce										OIL	CO	NSERVA	TION	DIVISION	NC			
complied with and that the information given above is true and complete to the best of my knowledge and belief.										OIL CONSERVATION DIVISION ORIGINAL FOR THE PROPERTY ON THE PROPERTY OF THE PRO								
Signature: O V O O										ved by:		DB FEEC						
Printed Name										Title:								
J.̈́	K. Riple	∍y	U															
Title: T.A.										ved Date:			i	AUG 0	1996			
Date: Phone: 7/26/95 (915)687-7148										· · ·								
47 If this is a		of operat	tor fill in				name of t	he pre	evious o	perator		W						
5 .										<del></del>								
Previ	ous Opera	ator Sign	ature				Printed	Nam	е			Title			Date			
<del></del>					·	<u> </u>	···							·				



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 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

0	<del></del>											
Operator Chevron U.S.A., Inc.									API No. - 025-30512			
Address P. O. Box 1150, Midland, TX 79	9702						<del></del>					
Reason (s) for Filling (check proper box)	7702	<del> </del>				Oth	eı (Please exp	plain)				
New Well	Cha	ange in Trau		of: Dry Gas								
Recompletion Change in Operator	Oil Casinghead G	Gas		sate								
If chance of operator give name		·										
and address of previous operator					<del></del>	<del> </del>	<del></del>					
II. DESCRIPTION OF WELL Lease Name	AND LEAS	Well No	. Pool	Name, I	ncluding Fo	mation		Kind	of Lease	Lease No.		
Eunice Monument South Unit		643		Funio	a Manum	om4 C CA			, Federal or Fee			
Eunice Monument South Unit 643 Eunice Monument G-SA  Location												
Unit Letter X	•	1275	Feet F	rom The	South	l Line	and	1275	Feat From The	Foot I:		
		1210		iom inc					Feet From The	East Line		
Section 06 Township	218		Rangi		36E		ΔPM,	Lea		County		
III. DESIGNATION OF TRAN Name of Authorized Transponer of Oil D	SPORTER	OF OIL or Cond		NATU	RAL GA		e address to	which approv	ed copy of this fo	man in to be a seal		
EOTT Oil Pipeline Co., ARCO, Ter	X				Audi							
Name of Authorized Transporter of Casing	head Gas		ne Dy Gas		Addr	P.O	e address to	, Houston,	TX 77210-460 ed copy of this fo	56, Suite 2604		
If well produces oil or liquids,		<u> </u>										
give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas	actually conn	ected 7	When?				
If alice and the second				<u> </u>		Yes			Unknown			
If this production is commingled with that it.  IV. COMPLETION DATA	rom any other ic	ease or poo	I, give o	omming	ling order nu	ımbe <u>r:</u>						
		Oil Wel	l Gas	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion  Date Spudded	Date Compl. R	Ready to Pr			Total Depti	1	]	P. B. T. D.				
		-							<del></del>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ucing Form	ation		Top Oil/Ga	s Pay		Tubing Dept	h			
Peforations								Depth Casin	g			
	T	UBING, C	ASING	AND C	EMENTING	G RECORD		<u> </u>	<del> </del>			
HOLE SIZE	CASING	3 & TUBIN	G SIZE		<u> </u>	DEPTH SET	· · · · · · · · · · · · · · · · · · ·		SACKS CEMENT			
	<del>}</del>							<u> </u>	<del> </del>			
	<u></u>											
V. TEST DATA AND REQUES OIL WELL (Test must be after re								Samuel Samuel Samuel				
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of Test	voiume of i	oaa ou a	na musi	Producing 1	or exceed to		or this depth o , gas lift, etc.		ours)		
Length of Test	Tubing Pressur	re			Casing Pressure Choke Size							
Actual Prod. During Test												
Actual Flod. During Test	Oil - Bbls.				Water - Bbl	s.		Gas - MCF				
GAS WELL	Length of Test		· .									
Actual Prod. Test - MCF/D		Bbls. Conde	ensate/MMCI	F	Gravity of Co	Gravity of Condensate						
Testing Method (pilot, back press.)		Casing Pres	sure (Shut - i	n)	Choke Size	····						
						<del> </del>				· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and regulati						OIL	. CONS	ERVATI	ON DIVIS	ION		
Division have been complied with and the is true and complete to the best of my known	ove		Date Approved FEB 0 3 1994									
O. K. Dialous			_									
Signature	-				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
J. K. Ripley	T.A.				Title_		2.21		······			
Printed Name 1/18/94	Title	Z07 74 40					. <del></del> _	<u></u>				
Date		)687-7148 ephone No.		1								

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

blank

State of New Mexico

Submit 5 Copies Appropriate District Office DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

DISTRICT II P. O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

#### OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chevron U.S.A., Inc.								1	API No. - <b>025-30512</b>				
Address									020 00012				
P. O. Box 1150, Midland, TX 79 Reason (s) for Filling (check proper box)	7702					Othe	ı (Please exp	lain)					
New Well	Ch	ange in Tra				ш							
Recompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate													
Change in Operator  If chance of operator give name	Casinghead	Gas	<u> </u>	Conaens	ate			<del></del>		<del></del> .			
and address of previous operator													
II. DESCRIPTION OF WELL	AND LEAS					<del> </del>		Tree .					
Lease Name		Well N	o. Pool	Name, Ir	ncluding For	mation			of Lease Federal or Fee	Lease No.			
Eunice Monument South Unit 543 Eunice Monument G-SA													
Location													
Unit Letter X	:	1275	_ Feet F	rom The	South	Line	and	1275	Feet From The	East Line			
Section 06 Township	218		Range		36E	, NM	PM,	Lea	Lea County				
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND	NATU	RAL GA	S							
Name of Authorized Transporter of Oil		or Cond	lensate		Addre	ess (Give	e address to	which approv	ed copy of this fo	orm is to be sent)			
EOTT Oil Pipeline Co., ARCO, Te	X xas-New Mex	xico Pipel	ine			P.O.	. Box 4666	, Houston,	TX 77210-460	66, Suite 2604			
Name of Authorized Transporter of Casing	head Gas	or	D y Gas		Addre	ess (Give	e address to	which approv	ed copy of this fo	orm is to be sent)			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas a	ctually conne	ected?	When?					
give location of tanks.						Yes			Unknown				
•	If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA		Oil We	II Coo	Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v			
Designate Type of Completion	ı - (X)	On we	ii Gas	Well	INEW WEIL	WOIKOVEI	Deepen	riugoack	Same Res v	Dill Res v			
Date Spudded	Date Compl.	Ready to P	rod.		Total Depti	)		P. B. T. D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	nation		Top Oil/Ga	s Pay		Tubing Dep	th	<del></del>			
Peforations	Deforations								n; g				
							<u> </u>						
HOLE SIZE		TUBING, C				G RECORD DEPTH SET			SACKS CE	EMENT			
	<del> </del>												
V. TEST DATA AND REQUES OIL WELL (Test must be after to				and must	the equal to	or avegad to	n allowable i	for this denth	or he for full 24	hours			
Date First New Oil Run To Tank	Date of Test	ii voiume oj	iouu on e	2/112 /111031	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	Tubing Press	ure			Casing Pres	sure		Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	s.		Gas - MCF	s - MCF				
GAS WELL								l					
Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Cond	ensate/MMCI	F	Gravity of C	Condensate				
	TUE	(6)			C P	(0)		Cl. I C:					
Testing Method (pilot, back press.)	Tubing Press	ure (Shut - 1	ın)		Casing Pres	sure (Shut - i	in)	Choke Size					
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and t is true and complete to the best of my ki	Date Approved FEB 0.3 1994												
is true and complete to the best of my ki	io wieuge anu 0	~IICI.					•						
Signature			<del></del>		Ву	ORIGI		YED BY JE Y I SUPER'	RRY SEXTON				
J. K. Ripley		Title			,								
Printed Name	Titl												
1/18/94		5)687-714											

- 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.
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