

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 S. 1st Street, Artesia, NM 88210-2834  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Chevron U.S.A. Inc. P.O. Box 1150 Midland, TX 79702		<sup>2</sup> OGRID Number 4323
		<sup>3</sup> Reason for Filing Code AG EFFECTIVE 9/26/96
<sup>4</sup> API Number 30-025-30958	<sup>5</sup> Pool Name EUNICE MONUMENT G-SA	<sup>6</sup> Pool Code 23000
<sup>7</sup> Property Code 2616	<sup>8</sup> Property Name EUNICE MONUMENT SOUTH UNIT	<sup>9</sup> Well Number 642

II. <sup>10</sup> Surface Location

UL or lot no. Q	Section 6	Township 21S	Range 36E	Lot. Idn	Feet from the 1370	North/South Line SOUTH	Feet from the 25	East/West line EAST	County LEA
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<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 1992	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
022345	TEXACO E&P P. O. BOX 4325 HOUSTON, TX 77210	2815413	G	P-06-21S-36E
009171	GPM CORP. 4001 PENBROOK ODESSA, TX 79762	2815414	G	P-06-21S-36E
024650	WARREN PETROLEUM P. O. BOX 1589 TULSA, OK 74102	2817996	G	P-06-21S-36E

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTB	<sup>29</sup> Perforations
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

VI. Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

*J. K. Ripley*

Printed name:

J. K. RIPLEY

Title:

TECHNICAL ASSISTANT

Date:

10/1/96

Phone:

(915)687-7148

OIL CONSERVATION DIVISION

ORGANIZED BY THE OIL & GAS SECTION  
DISTRICT 100, LEA COUNTY

Approved by:

Title:

Approval Date:

OCT 15 1996

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator Name and Address <b>Chevron U. S. A., Inc.</b> <b>P. O. Box 1150</b> <b>Midland, TX 79702</b>		<sup>2</sup> OGRID Number <b>4323</b>
<sup>4</sup> API Number <b>30 - 025 - 30958</b>	<sup>5</sup> Pool Name <b>Eunice Monument G-SA</b>	<sup>6</sup> Pool Code <b>23000</b>
<sup>7</sup> Property Code <b>2616</b>	<sup>8</sup> Property Name <b>Eunice Monument South Unit</b>	<sup>9</sup> Well Number <b>642</b>

II. <sup>10</sup> Surface Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
<b>Q</b>	<b>06</b>	<b>21S</b>	<b>36E</b>		<b>1370</b>	<b>South</b>	<b>25</b>	<b>East</b>	<b>Lea</b>

<sup>11</sup> Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
<sup>12</sup> Lse Code <b>S</b>	<sup>13</sup> Producing Method Code <b>P</b>	<sup>14</sup> Gas Connection Date <b>2/1/92</b>		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date	

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
<b>022345</b>	<b>Texaco E&amp;P</b>	<b>2815413</b>	<b>G</b>	
	<b>P.O. Box 4325, Houston, TX 77210</b>			<b>P-06-21S-36E</b>
<b>009171</b>	<b>GPM Corp.</b>	<b>2815414</b>	<b>G</b>	
	<b>4001 Penbrook, Odessa, TX 79762</b>			<b>P-6-21s-36e</b>

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description

V. Well Completion Data

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<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

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<sup>46</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *J. K. Ripley*  
Printed Name: **J. K. Ripley**

Title: **T.A.**

Date: **7/26/95** Phone: **(915)687-7148**

**OIL CONSERVATION DIVISION**  
Approved by: **ORIGINAL SIGNATURE OF JIM SEXTON**  
Title:  
Approved Date: **AUG 09 1995**

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

**RECEIVED**

AUG 02 1995

UCC HOBBS  
OFFICE

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

State of New Mexico  
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**

**I.**

Operator <b>Chevron U.S.A., Inc.</b>		Well API No. <b>30 - 025-30958</b>
Address <b>P. O. Box 1150, Midland, TX 79702</b>		
Reason (s) for Filling (check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If chance of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Eunice Monument South Unit</b>	Well No. <b>642</b>	Pool Name, Including Formation <b>Eunice Monument G-SA</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>Q</b> : <b>1370</b> Feet From The <b>South</b> Line and <b>025</b> Feet From The <b>East</b> Line				
Section <b>06</b> Township <b>21S</b> Range <b>36E</b> , NMPM, Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>EOTT Oil Pipeline Co., ARCO, Texas-New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4666, Houston, TX 77210-4666, Suite 2604</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ? <b>Yes</b>	When ? <b>Unknown</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Peforations						Depth Casin; g			
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL</b> (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 Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*J. K. Ripley*

Signature  
**J. K. Ripley** T.A.  
Printed Name  
**1/18/94** Title  
Date  
**(915)687-7148**  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **FEB 03 1994**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
Title **DISTRICT I SUPERVISOR**

**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.
- 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

Submit 5 Copies  
Appropriate District Office  
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DISTRICT II  
P. O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
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TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

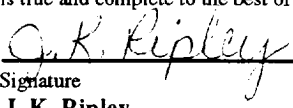
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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method ( <i>pilot, back press.</i> )	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.   Signature <b>J. K. Ripley</b> Printed Name <b>1/18/94</b> Date <b>T.A.</b> Title <b>(915)687-7148</b> Telephone No.	<b>OIL CONSERVATION DIVISION</b> <b>DATE APPROVED FEB 18 1994</b> By <b>ORIGINAL SIGNED BY JERRY SEXTON</b> Title <b>DISTRICT I SUPERVISOR</b>
---	---

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