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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chevron U.S.A. Inc.	Well API No. 30-025-31009
Address P.O. Box 1150, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. 679	Pool Name, Including Formation Eunice Monument/Grayburg - 8A	Kind of Lease State, Federal or Private #	Lease No. LC 031740-B
Location Unit Letter D : 1220 Feet From The North Line and 1220' Feet From The West Line Section 8 Township 21S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Shell Pipeline, Tex, N.Mex Pipeline, Arco Oil & Gas Co.	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas Warren Petroleum, Phillips 66 Natural Gas Co., and Texaco Production Co.	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 M Sec. 4 Twp. 21S Rge. 36E Is gas actually connected? Yes When? 11/25/90

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/9/90	Date Compl. Ready to Prod. 11/9/90	Total Depth 4358	P.B.T.D. 4274					
Elevations (DF, RKB, RT, GR, etc.) 3585.5 GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3852	Tubing Depth					
Perforations 3852'-4097'	Depth Casing Shoe 4358'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	1220'	800sx "C"(108 sx Circ)					
7 7/8	5 1/2	4358'	900sx "C"(90 sx Circ)					
	2 3/8	4188'						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 11/4/90	Date of Test 11/25/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24Hrs	Tubing Pressure 30	Casing Pressure 0	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 222	Gas- MCF 48

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature D.M. Bohon
Printed Name D.M. Bohon Technical Assistant
Date 11/28/90 Telephone No. (915) 687-7148

OIL CONSERVATION DIVISION

Date Approved _____
By Paul Bohon
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.