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

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

1.													
Operator Chevron U.S.A., Inc.									1	I API No. - 025-31407			
Address P. O. Box 1150, Midland, TX 79	702												
Reason (s) for Filling (check proper box)				·			Othe	(Please exp	olain)				
New Well	Chan Oil	ige in Trans	_	u Goo									
Recompletion Change in Operator	Casinghead Ga	as		y Gas ndensa	ite 📗								
If chance of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LEASI	<u> </u>											
Lease Name	Well No. Pool Name, I					mation				d of Lease e, Federal or Fee	Lease No.		
Eunice Monument South Unit	th Unit 510 Eunice					ent G	-SA			.,100012,01100			
		2020			0 4				100				
Unit Letter I	— : <u>—</u> —	3820	Feet Fron	n The	South	1	Line	and	180	Feet From The	<u>East</u> Line		
Section 05 Township	218		Range		36E		, NM	PM,	Lea	·	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Casing					Addr						66, Suite 2604		
Name of Audionzed Transporter of Casing	nead Gas	OF D	y Gas	ш	Addit	ess	Give	adaress to	<i>wnicn appro</i>	vea copy of inis f	orm is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas :	actually	conne	ected?	When?				
5. 7 10 000.01.01.01						Yes				Unknown	∵=		
If this production is commingled with that i	from any other le	ase or pool,	give com	mingli	ng order ni	ımber:	_						
IV. COMPLETION DATA		Oil Well	Gas W	ell	New Well	Work	over	Deepen	Plugback	Same Res'v	Diff Res'v		
Designate Type of Completion		Des	<u>ļ.</u>		Track Daniel			-	DDTD		<u> </u>		
ate Spudded Date Compl. Ready to Prod.					Total Depth P.				P. B. T. D.	. B. 1. D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Dep	Tubing Depth			
Peforations									Depth Casir	Casin _i g			
		UBING, CA		ID CE	MENTIN	G REC	ORD		l				
HOLE SIZE	OLE SIZE CASING & TUBING SIZE					DEPTH	SET		SACKS CEMENT				
			 -	-+									
V. TEST DATA AND REQUES						-			<u>.</u>	 			
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total v	volume of lo	ad oil and		be equal to Producing				for this depth p, gas lift, etc		hours)		
										<u> </u>			
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 C	Gravity of Condensate			
Testing Method (pilot, back press.)	Tubing Pressure (Shut - in)				Casing Pressure (Shut - in)				Choke Size	ioke Size			
	<u> </u>				· -	•							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved 1 Ed. 3 3 1894								
OK River					By								
Signature					ORIGINAL SIGNED BY JAMES SEATON								
J. K. Ripley T.A.					Title			LIJ (AIG)					
Printed Name 1/18/94	Title (915)	687-7148											
Date		ephone No.											

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.