Submit 5 Copies
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		OTRA	ANSF	PORT OIL	AND NA	TURAL G	AS				
Operator Chowron II S. A. Inc	Well API No.										
Chevron U.S.A., Inc	30-025-31426										
P.O. Box 1150 Mic	lland, TX	7970	2								
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	porter of:		er (Please explass Connect	-			·	
Recompletion	Oil Casinghead	LGse [Dry C	ias 🗀							
f change of operator give name	Casingness	GAE [_	Conor	come		···					
nd address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	SE Well No.	T=				T V:- 4	-61			
Lease Name Eunice Monument South U	ng Formation ment Gray	thura SA	State,	Kind of Lease State, Federal or Fee		ease No.					
Location		625	1 = 0	ioc monu	ment dray	burg ox	Stat	e			
Unit Letter T	it Letter T : 2630 Feet From The Sc					e and	Fe	et From The	et From The West Line		
Section 4 Township	, NMPM,			Lea County							
II. DESIGNATION OF TRAN	SPORTE	OF O	II. AN	ND NATII	RAL GAS						
Name of Authorized Transporter of Oil Shell Fikilia		or Conder				e address to wh	ich approved	copy of this fe	orm is to be se	rt)	
Name of Authorized Transporter of Casing Phillips 66 Natl-Gas/Warrer	ne of Authorized Transporter of Casinghead Gas X or Dry Gas hat Gas/Warren Pet & GPM Gas Caus							copy of this form is to be sent) X/P.O.Box 1589,Tulsa,OK			
if well produces oil or liquids, ive location of tanks.	Unit	Sec.	Љ ∨р.		Is gas actually connected? When Yes			1? 1/7/92			
this production is commingled with that to V. COMPLETION DATA	rom any othe				ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen I	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	L				L.,			Depth Casin	g Shoe		
	T	JBING,	CASI	NG AND	CEMENTI	NG RECOR	D	.!			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	-										
. TEST DATA AND REQUES IL WELL (Test must be after re	covery of tole	al volume	of load	oil and must					or full 24 hour	s.)	
tate First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	l				Inthe Conde	ADICE		1 Consider of C	ondenesta.		
Length of Test					Bbls. Conden	MIC/MINICP		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMF	LIA	NCE			ICEDY	ATIONI		·A1	
I hereby certify that the rules and regula Division have been complied with and t	tions of the C	Dil Conser	vation			OIL CON	ISERV.			אוי	
is true and complete to the best of my k					Date	Approve	d	APR (18	92		
J. K. Ripley					By	(Marketa)			Sir Cala		
J. K. Ripley		Tech	Assis	tant			•				
Printed Name 4/6/92 Date		(915)(Title						

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.