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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructi 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 REQUEST FOR ALLOWABLE AND AUTHORIZATION must be obtained from the DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS REAL OF LAND MANAGEMENT (BLM) Operator 30-025-31465 Chevron U.S.A., Inc. P.O. Box 1150 Midland, TX 79702 Address Other (Please explain) CASINGHEAD GAS MUST NOT BE Reason(s) for Filing (Check proper box) Change in Transporter of: X FLARED AFFER New Well UNLESS AN EXCEPTION TO R 4070 Dry Gas Recompletion Casinghead Gas . Condensate IS OBTAINED. Change in Operator <del>chead gas from</del> this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Federal Lease Na Pool Name, Including Formation LC-031740-B Well No. Eunice Monument Grayburg - 8 A Lease Name 626 **Eunice Monument South Unit** Line and 1630 Feet From The West Line Feet From The South 2650 Unit Letter N County Lea Range 36E , NMPM, 215 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate uthorized Transporter of Oil P. O. Box 1910, Midland, TX 79701 Shell Pipeline Co. X or Dry Gas Eddress (Give oddress to object approved copy of this form is to be sent)

Corporation

Address (Give oddress to object)

Corporation Name of Authorized Transporter of Casinghead Gas X Corporation Rge. Phillips 66 Natl Gas/Warren PetGPM Ggs When ? is gas actually connected? Twp. Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Deepen New Well | Workover Gas Well Oil Well Designate Type of Completion - (X) X P.B.T.D. Total Depth Date Compl. Ready to Prod. 3868 Date Spudded 3870' 1/4/92 12/11/91 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3526 3648' Grayburg 3579' GE Depth Casing Shoe 3738'-3865' TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE 800 HOLE SIZE 1250' 8-5/8" 12-1/4" 825 3870 5-1/2" 7-7/8" 3526 2-7/8" V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test 1/15/92 Date First New Oil Run To Tank pumping Choke Size 1/15/92 Casing Pressure Tubing Pressure w.o. Length of Test 35# 35# Gas- MCF 24 hrs Water - Bbls 20 Oil - Bbls. Actual Prod. During Test 395 Gravity of Condensate **GAS WELL** Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION DIVISION VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation JAN 27'92 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_ By\_\_\_\_ Signature **Tech Assistant** J. K. Ripley Title Printed Name 1/23/92 Title\_

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

Date

- 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.

(915)687-7148 Telephone No.

- 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.