

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CHEVRON U.S.A. INC.</b>	
Address <b>P. O. Box 670, Hobbs, NM 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas <input type="checkbox"/> Castinhead Gas
Name Change Effective 7-1-85	

If change of ownership give name and address of previous owner **Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Littlefield "AB" Federal</b>	Well No. <b>12</b>	Pool Name, including Formation <b>Shugart - Y - SP - G - G</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 014103</b>
Location Unit Letter <b>I</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>22</b> Township <b>18-S</b> Range <b>31-E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510 Midland Texas</b>
Name of Authorized Transporter of Castinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 460 Hobbs, N. M.</b>
If well produces oil or liquids, give location of tanks. Unit <b>K</b> Sec. <b>22</b> Twp. <b>18-S</b> Rge. <b>31-E</b>	Is gas actually connected? <b>Yes</b> When <b>5-18-70</b>

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

**Past ID-3**  
**6-14-85**  
**Chg op**

NOTE: Complete Parts IV and V on reverse side if necessary.

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

**R. D. Pite**  
(Signature)

Area Engineer  
(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 13 1985**

BY **Original Signed By**

**Les A. Clements**

TITLE **Supervisor District II**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.