

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-79  
Format 06-01-83  
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 12 1985  
OIL CON. DIV.  
DIST. 3

**I. Operator**  
CHEVRON U.S.A. INC.

**Address**  
P. O. Box 599, Denver, CO 80201

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas	

**Other (Please explain)**  
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 <i>West Bisti Unit</i>	Well No. <i>158</i>	Pool Name, including Formation <i>Bisti Gallup</i>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
Location				
Unit Letter <i>N</i>	<i>660</i>	Feet From The <i>South</i>	Line and <i>1980</i>	Feet From The <i>West</i>
Line of Section <i>36</i>	Township <i>26N</i>	Range <i>13W</i>	NMPM. <i>San Juan</i> 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"/> <i>Ciniza Pipeline, Inc.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1887, Bloomfield, NM 87413</i>			
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>El Paso Natural Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1492 El Paso, TX 79999</i>			
If well produces oil or liquids, give location of tanks.	Unit <i>G</i>	Sec. <i>35</i>	Twp. <i>26N</i>	Rge. <i>13W</i>
	Is gas actually connected?		When	
	<i>Yes</i>		<i>Unknown</i>	

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

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. Pate*  
(Signature)

Area Engineer  
(Title)

5-31-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED: *[Signature]* 1985, 19

BY: *[Signature]*

TITLE: *[Signature]*

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.