## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

48, 89 CONICE SECTION		
OIL CONSERVATION DIVISION		
P. O. 80	X 2088	
U.S.G.S. SANTA FE, NEW	/ MEXICO 87501	
LAND OFFICE		
TRANSPORTER OIL GAS 75 TO REQUEST FOR	R ALLOWABLE #	
OPERATOR	ND .	
AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL CA	
I.		
Operator		
CHEVRON U.S.A. INC.		
Address		
P. O. Box 599, Denver, CO 80201		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	, , , , , , , , , , , , , , , , , , ,	
Recompletion OII Dr	y Gcs Name Change	
	ondensate	
	<u>i</u>	
If change of ownership give name Culf Oil Corp. P. O. R.	ov 670 Hobbs NM 8	
and address of previous owner Gulf Oil Corp., P. O. B	OX 070, HODDS, NA C	
T PROGRAMON OF WITH AND LEAST		
II. DESCRIPTION OF WELL AND LEASE  [Weil No.   Pool Name, Including Fig.	ormation   Kind of	
The + Piti Hait 155 Right Ha	State, F	
Mol Tiell, While Red Lille Lille	and	
Location 1 1000	1/0	
Unit Letter : 1986 Feet From The MCCLin	e and <u>(OCC)</u> Feet F	
7/ 5//	17/1	
Line of Section 36 Township 26 A Range	CEC , NMPM,	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL		
Name of Authorized Transporter of Cit or Condensate	Aggress (Give address to which a	
linera Penellae Inc.	Dev 1881, Eloony	
Name of Authorized Transporter of Castagneda Cas or Dry Gas	Address (Give address to which)	
191 Hase Thitural Las Co.	DON 1492 11 Tan	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected?	
give location of tanks. (7 1.35 26N 13W	Yes	
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	OIL CONSER	
VI. CERTIFICATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	
been complied with and that the information given is true and complete to the best of	I Start I W	
my knowledge and belief.	BY	
	TITLE SUPERVISOR	
000	11766	
(X ) 1 7 0	This form is to be filed	
U A V NULL	If this is a request for	
(Signature)	well, this form must be accordant tests taken on the well in a	
Area Engineer	1	
(Title)	All sections of this form	

(Date)

Form C-104 Revised 10-01-78

DIST. 3

Name Change Effective 7-1-85

88240

State, Federal or Fee

Kind of Lease

Format 06-01-83

Lease No.

•		
•		
OIL CONSERVATION DIVISION		
APPROVED 100	. 19 _	
BY Stanker Lang		
TITLE SUPERVISOR DISTRICT # 5		, e <sup>1</sup>

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

If this is a request for allowable for a newly drilled or despened 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.