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STATE OF NEW ME	X CO			
ENERGY AND MINERALS DE	PLATMENT		_	
	- ,			rm C-104
DISTRIBUTION	_			vised 10-01-78 rmat 06-01-83
SANTA FE	OIL CONSERVA	TION DIVISION		26 1
FILE	P. O. BOX	. 2088		•
U.S.G.S.	SANTA FE, NEW	MEXICO 87501		
LANO OFFICE				
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TRANSPORTER GAS	-: Professional Profession	ALLOWARIE		ا ينشاد ل فائد الرافع مرافع ا
OPERATOR	LI REQUEST FOR	△ ₹*		
PROBATION OFFICE	- AN			
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Operator			ALL MODEL TO	W. Wi
CHEVRON U.S.A.	INC.		OIL CON. D	1 V • 1
Address			1157-3	
	D 00001		Dioi. 9	a garas a a s
P. O. Box 599,				
Reason(s) for filing (Check.	proper aox)	Other (Please expla	in/	
New Well	Change in Transporter of:			
Recompletion	OII DIY	Name Chang	e Effective 7-1	. - 85
			•	· · · · · · · · ·
Change in Ownership	Casinghead Gas Con	densate		
	•	-		
If change of ownership giv		x 670. Hobbs. NM	88240	
and address of previous or	wiler		00210	
II. DESCRIPTION OF W	TILL AND LEASE		 	
Lease Name Q . +	Well No. Pool Name, Including For	$i l_i$.	of Lease	Lease No.
West Durce	(Init 1/36 Biste Dal	State	Federal or Fee AM	013442
Location		7		· · · · · · · · · · · · · · · · · · ·
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Unit Letter	1000 Feet From The Allto Line	and / 7 / 0 Fee	t From The CO-OL	
		n .)	1	وبعد بسنة ا
Line of Section 26	Township 261 Range /	3W , NMPM,	Max July	County
Circuit States			0	<u></u>
tr procession		a.a	-	
	TRANSPORTER OF OIL AND NATURAL			,
Name of Authorized Trainspo	or Condensate	Andress (Give address to which	h approved copy of this	form is to be sent)
(inian) His	-101no) (mc).	Mad 1887 Det	mesold y	1m 87473 '
Name of Authorized Transpo	inter of Castagnead Gas or Dry Gas	Address (Give address to which	A approved copy of this	form is to be sent)
171 2 S	7-11 Al HA	Kril 1402 82 //	1 10/00	naa ·····
Ct rayo Tla	Wall Jus Co.	204 1770 (Pa	120, 4 19	779
If well produces oil or liquid	Unit Sec. Twp. Rge.	Is gas actually connected?	When	, ,
give location of tanks.	16 135 1260 1360	TA	1	`
L				***************************************
If this production is commi	ingled with that from any other lease or pool, g	ive commingling order numb	er:	
		•		

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.

(Signature)

Area Engineer (Title)

(Dase)

TITLE

SUFERVISOR DISTRICT

OIL CONSERVATION DIVISION

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.