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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	•	
** OF CAPIES SECTIONS	Form	C-104
DIST RIBUTION	Revise	ed 10-01-78 it 06-01-83
	ATION DIVISION . Formation Company Page	
U.S.O.S. SANTA FF NE	W MEXICO 87501	•
THE OFFICE OF TH		
THE POST OF THE PO	OR ALLOWABLE	. V. L.L V
PROPATION OFFICE	AND US STORY	
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS JUL 1 200	1-1-1-1
Operator		<u> </u>
CHEVRON U.S.A. INC.		राम् अस्टिन
P. O. Box 599, Denver, CO 80201	DIST 5	
Reason(s) for filing (Check proper box)	101	* Cramoscar E
New Well Change in Transporter of:	Other (Please explain)	
	Name Change Effective 7-1-8	35
Change in Ownership Casinghead Gas	Condensate	وياديو فيسد مجم
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 Well No. Pool Name, including i	ormation Kind of Lease	Lease No
Location Location	State, Federal or Fee 1/M 0/s	3/22
Unit Letter C (CCC Fact Star To MALTA.	1000	
The Feet From The MAY CELLI	ne and 1980 Feet From The 26st	1000
Line of Section 29 Township 26N Range	3W NMPM. Jan Quan	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA		
Name of Authorized Transporter of CII or Condensate	Aggress (Give address to which approved copy of this form	7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Ciniza Ripeliac. Inc.	Sal 1887 Bloom line of non	974177 3
Name of Aythorized Transporter of Castaghead Gas or Dry Gas	Address (Give address to which approved copy of this form	is to be sent)
If well produces oil or liquids. Unit Sec. Twp. Rgs.	DON 1492, El Paco, 24 7999	9
If well produces oil or liquids, only issec. Twp. Rqs. que location of tanks.	Is gas actually connected? When	
If this production is commingled with that from any other lease or pool,	give co	· · · · · · · · · · · · · · · · · · ·
NOTE: Complete Parts IV and V on reverse side if necessary.	give comminging order number:	
	-	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	· .
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROXED OF DO	
seen complied with and that the information given is true and complete to the best of my knowledge and belief.	S. P. 25/1985	_, 19
ay bloomings and benefit.	BY STATE OF THE ST	
0	TITLE SUPERVISOR DISTRICT 3	
(X) To	This form is to be filed in compliance with au	
(Signature)		
Area Engineer	well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 1	i of the deviation
(Title)	All sections of this form must be diver	Q
5-31-85		
(Date)	Fill out only Sections I. II. III. and VI for che well name or number, or transporter, or other such the	DD8 01 000 dlas
	Separate Forms C-104 must be filed for each completed weils.	pool in multiply
	and the second s	
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