STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT	
DISTRIBUTION	. OIL CONSERVAT
FILE	P. O. BOX
U.S.G.4.	SANTA FE, NEW
LAND OFFICE	SANTA I E, NEW
TRANSPORTER OIL	Section 1
OPERATOR	For REQUEST FOR
PROBATION OFFICE	AND ITHORIZATION TO TRANSPO
` <u>I.</u>	THORIZATION TO TRANSPO
Operator	
CHEVRON U.S.A. INC.	•
Address	
P. O. Box 599, Denver, CO	80201
Reason(s) for filing (Check proper box)	00201
157	
Recompletion	ange in Transporter of:
	OII Dry C
Change in Ownership	Casinghead Gas Cond
If change of ownership give name	
and address of previous owner Gulf	Oil Corp., P. O. Box
II. DESCRIPTION OF WELL AND LEAS	<u>E</u>
Lease Name	il No. Pool Name, including Form
West Bisti Unit	134 Bisti Lower G
Location	
Unit Letter I : 1980 Fe	South
,	et From The SOULTI Line or
Line of Section 27 Township	26N Range 137
T. A. C.	ZON Range 131
III. DESIGNATION OF TRANSPORTER	OF OU AND MARKET
Mame of Authorized Transporter of Cil VX	or Condensate A: A:
Shell P. L. Corp.	
Name of Authorized Transporter of Custoghead C	P
** El Paso Natural Gas Compa	ny P
	Sec. Twp. Rge. Is
give location of tanks.	35 26N 13W
If this production is commingled with that fro	om any other lease or pool, give
To the second of	
NOTE: Complete Parts IV and V on reve	rrse side if necessary.
VI. CERTIFICATE OF COMPLIANCE	1
, or community	
I hereby certify that the rules and regulations of the	Oil Conservation Division have
I hereby certify that the rules and regulations of the (been complied with and that the information given is a	Oil Conservation Division have rue and complete to the best of
I hereby certify that the rules and regulations of the been complied with and that the information given is a	Oil Conservation Division have true and complete to the best of
I hereby certify that the rules and regulations of the been complied with and that the information given is a my knowledge and belief.	rue and complete to the best of
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(Title)

(Daie)

5-31-85

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

TION DIVISION 2088

LAND OFFICE	NEW MEXICO 87501
TRANSPORTER OIL GAS REQUEST	FOR ALLOWABLE
PROBATION OFFICE	AND
AUTHORIZATION TO TRA	WSPORT OIL AND NATURAL GAS
Operator	keepled and the
CHEVRON U.S.A. INC.	
Address	
P. O. Box 599, Denver, CO 80201	e service de la companya de la comp
Reason(s) for filing (Check proper box)	Other (Please explain)
Change in Hensporter 81:	Dry Gos Name Change Effective 7-1-85
Recompletion Oil Change in Ownership Casinghead Gas	5 · · · · · · · · · · · · · · · · · · ·
Cusingheda Gas	Condensate
If change of ownership give name Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including	g Formation Kind of Lease
West Bisti Unit 134 Bisti Lowe	Lease No.
Location	
Unit Letter I : 1980 Feet From The South	Line and 660 Feet From The
Line of Section 27 Township 26N Range	13W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	AL GAS
Name of Authorized Transporter of Cil Vy or Condensate	Address (Give address to which approved copy of this form is to be sent)
Shell P. L. Corp. r	P. O. Box 1588, Farmington, NM
Name of Authorized Transporter of Custoghed Gas xx or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
* Ei Paso Natural Gas Company	P. O. Box 1161, El Paso, TX
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When
G 55 20N · 150	
this production is commingled with that from any other lease or poo	ol, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
T. CERTIFICATE OF COMPLIANCE	OIL CONCEDIATION
	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 1985
een complied with and that the information given is true and complete to the best of knowledge and belief.	of Drank J. Jane
A second of the	SUPERVISOR DISTRICT # 30
	TITLE
Coltatie _ The	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for ellowable to the same of the
Area Engineer	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with any state.

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.