## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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Form C-104

Revised 10-01-78 Format 06-01-83 OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 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: Name Change Effective 7-1-85 Recompletion OH Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name Gulf Oil Corp., P. O. Box 670, Hobbs, NM and address of previous owner. 88240 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Legs No. E. Scott Federal 11 20 t 2 . Basin Dakota State, Federal or Fee Federal. 1120 South 330 Unit Letter West Feet From The 4 14 74 77 Line of Section Range Sar. Juan NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Box 3119, Midland, TX 79701 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Gas Company of New Mexico Fidelity Union Tower Bldg., Dallas, TX 75270: Unit When Twp. Rge. Is gas actually connected? If well produces oil or liquids. give location of tanks. 27N Unknown 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 CONSERVATION DIVISION 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. والجوارية الماس SUPERVISOR I STRICT 🛣 3 This form is to be filed in compliance with RULE 1104.

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	(Signature)	
	Area Engineer	
	(Tule)	
	5-31-85	

(Date)

If this is a request for silowable for a newly drilled or despened , 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, ell name or number, or transporter or other auch change of concition.

Separate Forms C-104 must be filed for each pool in multiply completed weils.