## STATE OF NEW MEXICO

(Title)

(Date)

**5-**31-85

ENERGY AND MINERALS DEPARTMENT	
DISTRIBUTION	Form C-104 Revised 10-01-78
<u> </u>	SERVATION DIVISION . Format 05-01-83
U.S.O.S.	P. O. BOX 2088
LANO OFFICE	FE, NEW MEXICO 87501
TRANSPORTER OIL	
OPERATOR	UEST FOR ALLOWABLE
AUTHORIZATION TO	AND TRANSPORT OIL AND NATURAL GAS
Operator	THE STATE OF STATE HATORAL GAS
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper cox)	Other (Please explain)
New Well Change in Transporter	of:
Recompletion Cil	Dry Gas Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
.If change of ownership give name Culf Oil Comp. I	2 0 D (70 T)
and address of previous owner Gulf Ull Corp., I	P. O. Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name .   Well No.   Pool Name, I	ncluding Formation   Kind of Lease   Lease
West Real Quen Unit 153 Peaul	Queen- Queen State " State "
Location	
Unit Letter 6 : 1650 Feet From The Da	Line and 1650 Feet From The Cast
Line of Section 31 Township 19-5	2r = 1
End of Section C 1	lange 35-E, NMPM, Lea Co.
III. DESIGNATION OF TRANSPORTER OF OIL AND N	ATTERAL GAS
Name of Authorized Transporter of Cil Condensate	Access (Give address to which approved copy of this form is to be sent)
Still Fiplume Corp.	Boy 1910 Midland 24 7970
Name of Authorized fransparer of Casinghead Gas or Dry Ga	Address (Give address to which approved copy of this form is to be sent)
If you'll produce out or liquide Unit   Sec.   Twp.	Rge. Is gas actually connected? When
If well produces oil or liquids, give location of tanks.	135 E TA
If this production is commingled with that from any other lesse	
	·
NOTE: Complete Parts IV and V on reverse side if necessor	<i>ir</i> y.
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Divi	
been complied with and that the information given is true and complete to the	he best of 17 19
my knowledge and belief.	BY PAREN My form
<u> </u>	TITLE DISTRICT 1 SUPERVISOR
$(\mathcal{V} \cap \mathcal{O}) \cdot \mathcal{L}$	
U.L. Vite	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi
Area Fraince	tests taken on the well in accordance with all y and the devi

2 1 54

Lease No.

County

lied or despensed of the deviation

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, end 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.

JUL 80 1985