STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT	
00. 00 CONICO OCCENCO	
DISTRIBUTION OIL CONS	
	. O. BO
LAMO OFFICE SANTA FE	., NEV
TRANSPORTER OIL	
OPERATOR REQUE	ST FOR
PROPATION OFFICE	A
I. AUTHORIZATION TO	TRANSF
Operator	
CHEVRON II S. A. TWO	
CHEVRON U.S.A. INC.	
P 0 Per (70 77.11	
P. O. Box 670, Hobbs, NM 88240 Reoson(s) for filing (Check proper dox)	
. И Так	
Change in Transporter of:	
A Change in Ownership Casinghead Gas	c _o
If change of ownership give name Culf Odl Com	
and address of previous owner Gulf Oil Corp., P.	O. B
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Incli	uding Se
Location Location	n
Unit Letter P; 660 Feet From The South	
Feet From The Jacob	<u>ك</u> Line
Line of Section // Township 195 Rand	9
Cine of Section / Township / / Ran	· 3
III. DESIGNATION OF TRANSPORTER OF OUR AND NAT	710.1
Mame of Authorized Fransporter of CII Or Condensate	UKAL
Shell Procline Corn	
Name of Authorized Transporter of Castagneda Gas or Dry Gas	 `
Warren Peth Alum	٦
If well produces oil or liquids, Unit Sec. Twp. Re	<u> </u>
give location of tanks. H 114 195 3	16
	641
If this production is commingied with that from any other lease or	
NOTE: Complete Parts IV and V on reverse side if necessary.	
	11
VI. CERTIFICATE OF COMPILANCE	·
I hereby certify that the rules and regulations of the Oil Conservation Division	h
ecti complied with and that the information given is this and complete to the k	est of
my knowledge and belief.	i ii
	- 11
$O \cap O$:	- 11
(Y(1))	- 11
V.X.Ville	
(Signature)	- · II :
Area Engineer	- 11

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

ATION DIVISION X 2088 W MEXICO 87501

R ALLOWABLE ND

I. AUTHORIZATION TO TRANSPORT OF	IL AND NATURAL GAS	
Operator		
CHEVRON U.S.A. INC.		
P. O. Box 670. Hobbs NW 88240		सम्बद्धि हैं है
Reason(s) for tiling (Check proper aox)	Other (Please explain)	
Change in Transporter of: Recompletion	Name Change Effective 7-1-85	
If change of ownership give name Gulf Oil Corp., P. O. Box 670), Hobbs, NM 88240	•
II. DESCRIPTION OF WELL AND LEASE		
Northwest Econont unit 102 Econon t Oil	Kind of Lease State, Federal of Fee	Lease No.
Unit Letter P : 660 Feet From The South Line and	- Dinte	Two II.
Line of Section 11 Township 195 Range 36E	2	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Shell Pipeline Coso. Boy	Give address to which approved copy of this form is to 1910 Midland 24 7	
Name of Authorized Transporter of Castagneda Gas or Dry Gas Address ((Give address to which approved copy of this form is to	be sentj

ve commingling order numbers

\mathcal{L}	D. Pite	
	(Signature)	,
	Area Engineer	
	(Title)	

5-31-85 (Date)

APPROVED JUL 3.1 1985	.: .
BY PARLA 1 24 722	:
TITLE DISTRICT 1 SUPERVISOR	
This form is to be filed in compliance with any	

If this is a request for allowable for a newly drilled or deepened 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