STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
	Revised 10-01-78 Format 06-01-83
	Page 1
· A	90 X 2088
LAND OFFICE	EW MEXICO 87501
TRANSPORTER OIL	OR ALLOWABLE
OPERATOR PROPERTY	AND
AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS
Operator	on error rights to
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	A Company of the Comp
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	to the second
Recompletion Control Cil	Dry Gca Name Change Effective 7-1-85
X Change in Ownership Casinchead Gas	Condensate
If change of ownership give name 0.15 0.11 c	
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
• •	00240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name () 7" Italia Well No. Pool Name, including	Lease No.
Location Tuncone	State Federal or Fee "
Unit Letter D: 660 Feet From The Mother tree and 1060 - Wat	
Unit Letter D: 660 Feet From The 70th	ine and 1060 Feet From The Mest
Line of Section 16 Township 195 Range	37E NMPM LODI
III DESIGNATION OF TRANSPORTER AT	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cil or Condensate	L GAS
Permian Corp. Permian (Eff. 9/1/87)	Asarpsa (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castaghed Gas , or Dry Cast	Dely 3/19, 9mallina, Du 19701
MONHOSA) Matrix Of May Co	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When
give location of tanks. D 1/6 1/95:376	18 das actually connected? When 7/m bank 1
If this production is commingled with that from any other lease or pool,	give commingling order numbers
NOTE: Complete Parts IV and V on reverse side if necessary.	The state of the s
	n All Park
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG & RANGE
been complied with and that the information given is true and complete to the best of my knowledge and belief.	. 19
my knowledge zad benet.	BY Place May form
	TITLE DISTRICT 1 SUPERVISOR
$(\mathcal{V} \cap \mathcal{O})$	The state of the s
_ U.L. Vite	This form is to be filed in compliance with RULE 1104.
(Signature)	well, this form must be accompanied by a newly drilled or deepened
Area Engineer	tests taken on the well in accordance with attraction of the deviation
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.
5-31-85	Fill out only gentless y at the
(Date)	weil name or number, or transporter, or other such changes of condition.