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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

P. O. BOX 2088

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

I. Operator CHEVRON U.S.A. INC.	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinthead Gas ☐ Dry Gas ☐ Condensate
Other (Please explain) Name Change Effective 7-1-85	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Manda (ACT-C)</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Jalmat Gas</i>	Kind of Lease State, Federal or Free	Lease No.
Location				
Unit Letter <i>B</i> : <i>580</i> Feet From The <i>North</i> Line and <i>1980</i> Feet From The <i>East</i> Line				
Line of Section <i>35</i>	Township <i>23S</i>	Range <i>36E</i>	NMPM <i>Lea</i>	County <i>Lea</i>

Name of Authorized Transporter of Oil ☐ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
None			
Name of Authorized Transporter of Gaseous Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
Northern Natural Gas Co.		Box 308 Omaha, Nebraska 68101	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
Is gas actually connected?		When	
Yes		Unknown	

NOTE: Complete Parts IV and V on reverse side if necessary.

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.

R. D. Pite
(Signature)

Area Engineer

Title

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 19__

BY Philip A. T. [Signature]

TITLE DISTRICT 1 SUPERVISOR

This form is to be filled in compliance with RULE 1104.

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 allowance 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.