STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION

	DISTRIBUTION	OIL CONSERVA	ATION DIVISION	
	SANTA PE	P. O. BO		
7	V.S.G.4.	SANTA FE. NEW	V MEXICO 87501	
	LAND OFFICE			
	TRANSPORTER OIL	Company for Company Co.		
	DAS	/ REQUEST FOR	R ALLOWABLE	
-	OPERATOR		ND -	
إ	PROPATION OFFICE	- AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
	<u>I</u>	·····	·	
1	Obetatos			
Į	CHEVRON U.S.A. I	NC.		
٠	Address			
ı	P. O. Box 670, H	obbs NM 882/0		
I	Reason(s) for filing (Check pro	oper box/	Other (Please explain)	
-	New Well	- Change in Transporter of:	N 61	
	Recognistion Cil Dry Gas Name Change			
ı	X Change In Ownership		ondensate	
ŀ	E CIZINO III O TIME			
. 1	If change of ownership give	name Culf Oil Corp D O D	lov 670 Hobbs NM 9	
1	and address of previous own	Gulf Oil Corp., P. O. B	Box 670, Hobbs, NM 8	
-				
. f	II. DESCRIPTION OF WE	IL AND LEASE Well No. Pool Name, including Fo	ormation Kind of L	
1	1			
ı	Lea 6 State 1 / Ection molification			
	Location			
	Unit Letter P: 1060 Feet From The South Line and 990 Feet Fr			
.,		•	_	
ļ	Line of Section 2	Township 15 5 Range 3	7 E, NMPM, Le	
		••		
	III. DESIGNATION OF T	RANSPORTER OF OIL AND NATURAL	GAS	
١.	Name of Authorized Transports		Address (Give address to which as	
-	Shell Pipeline	COAD, or of Chaighead Gas (2) or Dry Gas (1)	Box 1910, Midlan	
1	Name of Authorized Transports	er of Chataghead Gas 🔀 or Dry Gas 🗔	Address (Give address to which as	
	Timerary Res	OUTCES COSP. Unit Sec. Twp. Rge.	1500 West Illinois	
1	If well produces oil or liquide,	Unit Sec. Twp. Rge.	is gas actually connected?	
	give location of tanks.	「	! Ues	
•		gled with that from any other lease or pool.	give commingling order number:	
1	If this production is committee	grey with that from any other reasons possi-		
•	NOTE: Complete Parts I	V and V on reverse side if necessary.	•	
		_	l ou concept	
	VI. CERTIFICATE OF CO.	MPLIANCE	OIL CONSER\	
•	I have by samify that the culor and	regulations of the Oil Conservation Division have	APPROVED	
been complied with and that the information given is true and complete to the best of			1 7 7 	
,	my knowledge and belief.	BY PARLY		
		i	DISTR	
		•	TITLE	
		() -	This form is to be filed	
_	$\mathcal{U} \cdot \mathcal{Y} \cdot \mathcal{U}$	If this is a request for al		
_		(Signature)	well, this form must be accor-	
	Area En	gineer	tests taken on the well in ac	
_			All sections of this form	
		(Title)	able on new and recompleted	
	5-31	•	able on new and recompleted	
_	5-31	•	sile on new and recompleted Fitt out only Sections I well name or number, or trans;	

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

Lease No.

Other (Please explain) Name Change Effective 7-1-85

ox 670, Hobbs, NM 88240

> Address (Give address to which approved copy of this form is to be sent) Ues

State, Federal or

OIL CONSERVATION DIVISION

DISTRICT 1 SUPERVISOR

This form is to be filed 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 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 completed wells.

JUL 3 1985