STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
DISTRIBUTION	Revised 10-01-78
BANTA PE OIL CONSERV	/ATION DIVISION Page 1
· · · · · · · · · · · · · · · · · · ·	3OX 2088
LANG OFFICE SANTA FE, NE	EW MEXICO 87501
TRANSPORTER OIL	ر برگران در الموارد به در
AND THE RESERVE OF THE PARTY OF	OR ALLOWABLE
PROBATION OFFICE	AND The second of the second o
I. AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS
Operator	2.043
CHEVRON U.S.A. INC.	The second secon
P. O. Box 670, Hobbs, NM 88240	The state of the s
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	No. of no.
	Dry Gca Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
If change of ownership give name Out 5 Out o	the control of the co
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Legae Name Well No. Pool Name, including	Formation Kind of Lease
Shaham State (UCTG) 3 Gunice to	Conument (State) Federal or Fee A-/643+/
Location	
Unit Letter P: 660 Feet From The South Line and 990 Feet From The Cast	
Line of Section // Township /95 Range	37E, NMPM, LOW County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS
(Shill Pipeline)	Aggress (Give address to which approved copy of this form is to be sent)
Name of Authorized Transparter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Felroleum	Brown 1589 Julya Aby Mill A
If well produces oil or liquids, Unit , Sec. Twp. Rgs.	ls gas acqually connected? When
give location of tanks. P1/7 1/95 376	les takenour
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
to 12. Complete 1 and 17 and 7 on reverse state if necessary.	·
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	0 AIII: 0 0 400m
been complied with and that the information given is true and complete to the best of	19
my knowledge and belief.	BY PARLY SAY TON
	TITLE DISTRICT 1 SUPERVISOR
$(\mathcal{V} \cap \mathcal{O}) \cdot \mathcal{I}$	II i/
- U.L. Vitre	This form is to be filed in compliance with RULE 1104.
(Signature)	well, this form must be accompacted by a table or deepened
Area Engineer	
(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 to the
(Daie)	the state of condition
	Separate Forms Colod must be filed for

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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