

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

If change of ownership give name and address of previous owner
 Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exhibit Well No. 1 Pool Name, including Formation Eumont Gas Kind of Lease State, Federal or Fee Lease No. _____
Ship (OCT-A) Com
 Location
 Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West
 Line of Section 21 Township 19S Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
None Address (Give address to which approved copy of this form is to be sent) _____
 Name of Authorized Transporter of Casinthead Gas or Dry Gas
Northern Natural Gas Co. Address (Give address to which approved copy of this form is to be sent) Box 308 Omaha, Nebraska 68107
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rqs. Is gas actually connected? When
 _____ _____ _____ _____ Yes Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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

VI. CERTIFICATE OF COMPLIANCE

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 AUG 28, 1985, 19 _____
 BY [Signature]
 TITLE 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.

RECEIVED

AUG 27 1985

O.C.D.
HOBBS OFFICE