STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	· · · · · · · · · · · · · · · · · · ·
* 00. 00 cabico occariato	Form C-104 Revised 10-01-78
SANTA PE OIL CONSE	ERVATION DIVISION . Format 06-01-83
	O. 80 X 2088
	NEW MEXICO 87501
LAND OFFICE	THE WINEXICO 87501
TRANSPORTER OIL	A CARLON CONTRACTOR OF THE CARLON CONTRACTOR O
OPERATOR REQUE	ST FOR ALLOWABLE
PRORATION OFFICE	AND
AUTHORIZATION TO T	RANSPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	
Address	
P. O. Box 670. Hobbs. NM 88240 Region(s) for filing (Check proper dox)	and the second s
I	Other (Please explain)
Change in Transporter of:	
Recompletion Cil	Dry Gas Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
1/ channel	
If change of ownership give name Gulf Oil Corp., P.	0. Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name West No. Poot Name, inclu	ding Formation Kind of Lease
D.A. Williams 2 Eunice	Monument State. Federal or Foo Jep "
Unit Letter 0: 660 Feet From The South	Line and 1980 Feet From The East
Line of Section 29 Township 195 Rang	· 37E, NMPM, Les County
III DESIGNATION OF THE MEDICAL TO	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATI	URAL GAS
	Andress (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp	Box 1910 Midland TX 79701
Name of Authorized Transporter of Castagneda Gas or Dry Gas	Address (Give address to water approved copy of this form is to be sent)
Warren Petr.	Box 1589 Tulsa, OK 74100
If well produces oil or liquids. Unit Sec. Twp. Rq	
	TE Mes Waknown
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.	
	n e e e e e e e e e e e e e e e e e e e
A. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
Name to the state of the state	H· Alika o some some some some
hereby certify that the rules and regulations of the Oil Conservation Division een complied with and that the information given is true and complete to the be	have APPROVED
by knowledge and belief.	11 1/2/10.
•	TITLE DISTRICT 1 SUPERVISOR
$(\mathcal{O} \cap \mathcal{O})$	
1X VIII to	This form is to be filed in compliance with RULE 1104.
(Signature)	II II thin is a secured for allegants.
Area Engineer	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Tide)	All sections of this form must be fitted out and
5 21 95	All sections of this form must be filled out completely for allow-

5-31-85

(Date)

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.