STATE OF NEW MEXICO Y MO MINERALS DEPARTMENT

(Doie)

. 400-40 044	****	1	
HETRIGUTI		┼─	
APE		 	
i			
6.4.			
10 OFFICE			
MATPORTER	OIL	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	
	GAS	Н	
RATOR			\Box
MATION OFF	KE.	ı J	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

10 OFFICE	
Ansponren OIL GAS // REQUEST FO	DP ALLOWARIE
ERATOR	AND
AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS
perdict CATA CATA CATA CATA CATA CATA CATA CAT	
CHEVRON U.S.A. INC.	The state of the s
P. O. Box 599, Denver, CO 80201	1 12 NOVEMBER 1
Reeson(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Name Change Effective 7-1-85
	Condensate
	and the second s
If change of ewnership give name Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	and the second of the second o
Leese Name Well No. Pool Name, including I	
West Bisti Unit 105 Bisti Low	er Gallup State, Federal or Fee Indian #
the letter 0 . 660 Feet From The south L	ne and 1980 Feet From The east
Unit Letter 0 : 000 Feet From The South Li	and the second of the second o
Line of Section 13 Termship 26N Range	14W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	T GAS
Name of Authorized Transporter of Cil - or Condensate -	Address (Give address to which approved copy of this form is to be sent)
NONE - WATER INJECTION WELL	Sur- Sur- Appropriate
Name of Authorised Transporter of Costophedd Gas er Dry Gas	Address (Give address to which approved copy of this form is to be sent)
NONE - WATER INJECTION WELL If well predeces oil or liquids, Unit Sec. Twp. Rqs.	Is gas ectually connected? When
give location of tents.	A STATE OF THE STA
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	OIL CONSERVATION DIVISION
	CEROFINA
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	Shark John Strank
my knowledge and belief.	BY
	TITLE CUPERVISOR DISTRICT TO
(X) To	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation
Area Engineer	tests taxen on the well to eccordance with MALE 111.
(Tale)	Ail 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 weils.