## STATE OF NEW MEXICO LS DEPARTMENT

ENERGY AND MI	NERA 	LS [	JEP,
DISTRIBUTION			T
BANTA FE		1	T
FILE			
U.S.G.A.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	i	
OPERATOR			
PROBATION OFFICE			
I.			
Operator			

DISTRIBUTION OIL CONSEI	RVATION DIVISION Page 1		
P. O. BOX 2088			
LAND OFFICE SANTA FE,	NEW MEXICO 87501		
Tour Tour			
TRANSPORTER GAS RECUES	T FOR ALLOWABLE		
OPERATOR	AND		
AUTHORIZATION TO THE	RANSPORT OIL AND NATURAL GAS		
<u>.                                    </u>			
Operator			
CHEVRON U.S.A. INC.	•		
Address			
P. O. Box 670, Hobbs, NM 88240	1. (4.1) (4.4) (4.4)		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Name Change Effective 7-1-85		
Recompletion CII	Dry Gas Maine Change Effective 7-1-05		
X Change in Ownership Casinghead Gas	Condensate		
and address of previous owner Gulf Oil Corp., P.	O. Box 670, Hobbs, NM 88240		
II. DESCRIPTION OF WELL AND LEASE	<u></u>		
Lease Name Well No. Pool Name, Includ			
Kitts state 2 Vacuus	m Starkura (State) Federal or Fee "		
1. Location			
Unit Letter H: 2080 Feet From The NOVT	White and 560 Feet From The EAST		
Line of Section 2/ Township //S Range	· 34E , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU	URAL GAS		
Nome of Authorized Transporter of Cil or Condensate	2000 n. Journ flata &		
Allotroleum (s	anerica Dallas Sul		
Name of Authorized Tanaparter of Castagneda Cas or Dry Gas			
- Chilling foth tolowing	HOOI Fralismont Ordona Del 19161		
If well produces oil or liquids, Unit Sec. Twp. Rgs	e. Is gas actually connected? When		
give location of tanks. H 2/ 175 3	UF TIES INFRATION		
Yes the production to companied with the feet was at	Laine and Lands		
If this production is commingled with that from any other lease or p	pool, give comminging order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
	I said to Oli College Land		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division	have APPROVED AUG 2-8 1985		
been complied with and that the information given is true and complete to the be	est of the state o		
my knowledge and belief.	BY PARLY MAY Ton		
	TITLE DISTRICT 1 SUPERVISOR		
	TITLE DISTRICT T SUPERVISOR		
PP-A	This form is to be filed in compliance with RULE 1104.		
1. D. Ville	If this is a request for allowable for a newly date of		
(Signature)	il mail' fuin tout na accompagned the stabilistick to a		
Area Engineer	tests taken on the well in accordance with RULE 111.		

(Title)

(Date)

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Revised 10-01-78

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

received AUG <sup>27</sup> 1985

O.C.D. HOBBS OFFICE