STATE OF NEW MEXICO

Area Engineer

5-31-85

(Title)

(Date)

ENERGY AND MINERALS DEPARTMENT	
00. 40 COPIES DECENTS	Form C-104 Revised 10-01-78
DISTRIBUTION	ATION DIVISION Format 05-01-83
	OX 2088
	
LANG OFFICE	W MEXICO 87501
TRANSPORTER DIL	
OPERATOR REQUEST FO	OR ALLOWABLE
PROBATION OFFICE	AND
AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	
Vogland	
P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	None Character RCC
Recompletion OII	Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas C	ondensate
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
	7, 110000, 111 00240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name / Leven Jules Well No. Pool Name, including i	ormation/ Kind of Lease
Kuron Untorland 17 1 Zuning	Signey, Federal or Fee
Location	Sporter ()
1 was D' lolo Dona - lauth	1981 S.F
Unit Letter : WO V Feet From The Lin	ne and Feet From The
Line of Section 4 Township 225 Brane	3/0F Lea /
Line of Section Tawnship A Range	20 L, NMPM, Sell
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. 618
Name of Authorized Transporter of Cit or Condensate	Aggress (Give address to which approved copy of this form is to be
Mall Dinaling Post	Ball 1010 4hidla 1 21/ 10
Name of Authorized Aransponer of Castagneda Gas or Dry Gas	Mac 1910, Made Ad 19
Obilling of tothe laws)	11001 1). And the sproved copy of this form is to be
Unit Sec. Twp. Rge.	TOO PENLLIDOR OURS JU 19
If well produces oil or liquids, Sec. Twp. Rge.	Is gas actually connected? When
00000	+ Gill
If this production is commingied with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
- To the state of	**
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	. O
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG 1 4 1985
been complied with and that the information given is true and complete to the best of my knowledge and belief.	
any anomicoge and benefit.	
	TITLE DISTRICT 1 SUPERVISOR
$O \cap O : \iota$	11.Julian
(Y(1)/Y) + 1	This form is to be filed in compliance with RULE 11
- V. oc. V	If this is a request for allowable for a newly drilled a
(Signature)	well, this form must be accompanied by a tabulation of

THE SOLIDE LANGING DIVISION	
APPROVED AUG 1 4 1985	
BY PARLY ANY Tons	:
TITLE DISTRICT 1 SUPERVISOR	

County

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 walls.

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