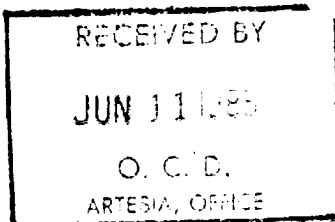


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                       |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>CHEVRON U.S.A. INC.                                                                                                       |                                                                                                                                                                                                                                                       |
| Address<br>P. O. Box 670, Hobbs, NM 88240                                                                                             |                                                                                                                                                                                                                                                       |
| Reason(s) for filing (Check proper box)                                                                                               | Other (Please explain)                                                                                                                                                                                                                                |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Condensate<br><input type="checkbox"/> Casinhead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |
| 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<br>Square Lake 12 Unit                                                     | Well No.<br>108 | Pool Name, including Formation<br>Square Lake G-5A | Kind of Lease<br>State, Federal or Fee | Lease No.<br>225733 |
| Location<br>Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West |                 |                                                    |                                        |                     |
| Line of Section 12 Township 17 S Range 29 E, NMPM, Eddy County                        |                 |                                                    |                                        |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Texas-New Mexico Pipeline Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1510 Midland Texas 79701 |
| Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Continental Oil Co.    | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2197 Houston Texas 77000 |
| If well produces oil or liquids, give location of tanks.                                                                                          | Unit Sec. Twp. Rge. Is gas actually connected? When<br>E+F 12 17S 29E Yes April 1961                          |

If this production is commingled with that from any other lease or pool, give commingling order number: Post ID-2

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. Pate  
(Signature)  
Area Engineer  
(Title)  
5-31-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 13 1985  
Original Signed By  
BY Les A. Clements  
TITLE Supervisor District II

This form is to be filled 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 filled for each pool in multiply completed wells.