

RECEIVED BY  
 JUN 11 1985  
 O. C. D.  
 ARTESIA OFFICE

STATE OF NEW MEXICO  
 ENERGY AND MINERALS DEPARTMENT

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               | <input checked="" type="checkbox"/>  |
| FILE                   | <input checked="" type="checkbox"/>  |
| U.S.G.A.               |  |
| LAND OFFICE            |  |
| TRANSPORTER            | OIL <input checked="" type="checkbox"/><br>GAS <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/>  |
| PRODUCTION OFFICE      |  |

OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 37501

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

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
 CHEVRON U.S.A. INC. ✓

Address  
 P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

|   |   |                              |                                     |  |
|---|---|------------------------------|-------------------------------------|--|
| <input type="checkbox"/> New Well                       | Change in Transporter of:               | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas    | Other (Please explain)<br>Name Change Effective 7-1-85 |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/>     | <input type="checkbox"/> Condensate |  |
| <input checked="" type="checkbox"/> Change in Ownership |   |                              |                                     |  |

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>107              | Pool Name, including formation<br>Square Lake G-5A | Kind of Lease<br>State, Federal or Fee | Lease No.<br>NM025733    |
| Location<br>Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> | Line of Section<br><u>12</u> | Township<br><u>17 S</u>                            | Range<br><u>29 E</u>                   | NMPM, <u>Eddy</u> 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Continental Oil Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2197 Houston Texas 77002 |
| If well produces oil or fluids, give location of tanks.<br>Unit: <u>E+F</u> Sec.: <u>12</u> Twp.: <u>17 S</u> Rge.: <u>29 E</u>                     | Is gas actually connected? <u>yes</u> When: <u>April 1961</u>   |

If this production is commingled with that from any other lease or pool, give commingling order number: Post ED-3 6-14-85 Chg OP

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

OIL CONSERVATION DIVISION  
 APPROVED JUN 13 1985, 19  
 BY Les A. Clements  
 TITLE Supervisor District II

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