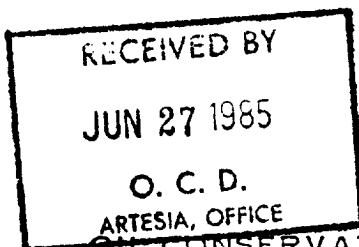


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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

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 Atoka San Andres Unit	Well No. 147	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>m</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>14</u> Township <u>18S</u> Range <u>26E</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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4001 Perbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>yes</u> When <u>Unknown</u>
Unit <u>E</u> Sec. <u>13</u> Twp. <u>18S</u> Rge. <u>26E</u>	

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

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 JUL 5 1985, 19
BY Original Signed 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.