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JUL 17 1985

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.		1	-
LAHO OFFICE		1	_
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	DAS	1 /	
OPERATOR		1	
PROBATION OFFICE			

O. C. D.

.. OIL CONSERVATION DIVISION
P. O. BOX 2088

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

SANTA FE, NEW MEXICO 87501

TRANSPORTER OIL OPERATOR PRONATION OFFICE I. Operator	REQUEST FOR ALLO AND TION TO TRANSPORT OF	•	
CHEVRON U.S.A. INC.			
P. O. Box 670, Hobbs, NM 88240			. : . ;
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well Change in Tran Recompletion Cill X Change in Ownership Casinghead	Dry Gas	Name Change Effec	tive 7-1-85
If change of ownership give name Gulf Oil Cor	p., P. O. Box 670	, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE	·		
ttaka San andres 1 102 6	ttoka San U	Kind of Lease State, Federal or F	ee fel # Legee No.
Unit Lutter <u>BH</u> : 23/0 Feet From The	North Line and	330 Feet From The	East
Line of Section 12/2 Township 185	Range 26E	NMPM. Eddy	County
III. DESIGNATION OF TRANSPORTER OF OIL A	ND NATTIRAL CAS	0	
Water Injection	Andress Andress	(Give address to which approved c	opy of this form is to be sent)
Name of Authorized Janeporter of Castagneda Cas Of	Dry Gas Address	(Give address to which approved co	opy of this form is to be sent)
If well produces oil or liquids. Unit Sec.	Twp. Rge. Is gas ac	tually connected? When	0.4 10 85
If this production is commingled with that from any other			70.300
NOTE: Complete Parts IV and V on reverse side if	necessary.	AND THE PROPERTY OF	(1)
VI. CERTIFICATE OF COMPLIANCE	and the state of t	OIL CONSERVATION	DIVISION
I hereby certify that the rules and regulations of the Oil Conservat	tion Division have APPR	OVED JUL 18 19	85
been complied with and that the information given is true and comp my knowledge and belief.	-1	Original Sig	ned By
	TITLE	Mike Will Oil & Gas Ir	lams Ispector
CODP-L		is form is to be filed in compl	
(Signature)	[] 10	this is a request for allowable	Inn a manda date
Area Engineer	tests t	sken on the well in accordance	with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.			·
(Date)	<u> </u>	me or manager or transporter or	end VI for changes of owner, other such change of condition.
•	S•,	erate Forms C-104 must be	lied for each pool in multiple