

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	

RECEIVED BY

JUN 11 1985

O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
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)

☐ New Well

☐ Recompletion

☒ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

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 <i>n. Hackberry Yates Unit</i>	Well No. <i>114</i>	Pool Name, including Formation <i>n. Hackberry Yates SR</i>	Kind of Lease State, Federal or Fee	Lease No. <i>NMO 6760</i>
Location Unit Letter <i>M</i> : <i>990</i> Feet From The <i>South</i> Line and <i>330</i> Feet From The <i>West</i> Line of Section <i>24</i> Township <i>19S</i> Range <i>30E</i> , NMPM, <i>Eddy</i> 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"/> <i>New Mexico Pipeline Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 2528 Hobbs NM 88240</i>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>None</i>	Address (Give address to which approved copy of this form is to be sent) <i>Post ID-3 6-14-85 Chg ap</i>
If well produces oil or liquids, give location of tanks.	Unit <i>K</i> Sec. <i>24</i> Twp. <i>19S</i> Rge. <i>30E</i> Is gas actually connected? <i>No</i> When

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. Pite
(Signature)

Area Engineer

(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

JUN 13 1985

APPROVED _____, 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.