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O: C. D.

ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT

		T	
DISTRIBUTION		1	Γ
SANTA FE		7	
FILE		V	1
U.S.G.S.		1	
LAND OFFICE		1-	_
TRANSPORTER	OIL		_
	BAS	7	,
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

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

5.5.5.5.	SANTA FE, NEW MEXICO 87501	
LAND OFFICE	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
TRANSPORTER OIL	A CANADA CAN	•
OPERATOR DAS	REQUEST FOR ALLOWABLE	1, 1
PROMATION OFFICE	AND	
Y	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator	The same of the sa	
1		
CHEVRON U.S.A. IN	NC.	
P. O. Box 670, Ho	obbs. NM 88240	* 2 1 2
Reason(s) for filing (Check pro	Cther (Please explain)	
Man Aeit	Change In Transporter of:	<i>≫</i>
Recompletion ~	Out Dry Gas Name Change Effective 7-1-8	15
X Change in Ownership	Casinghead Gas Condensate	• • • •
If change of ownership give a and address of previous owne	[7][1] [7] [[OPD] [D] D] (70 +++++++++++++++++++++++++++++++++++	
and iddicab or previous owne	88240 Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WEL	I. AND IFASE	
Lease Name	Well No. Pool Name, including Formation Kind of Lease	
Sittlefuld "AB" J.		Lease No.
Location	ederal O Shugart - Y-SR- Q. G. State, Federal or Fee Jedus	1 NM014103
A	4/0 - 1/0	
Unit Letter :	660 Feet From The NORTH Line and 660 Feet From The EAST	• .
Line of Section 22	16.	4
Line of Section	Township 18-5 Range 31-E, NMPM, Eddy	County
III DESIGNATION OF TR	A NCDORTED OF CE	2.0
Name of Authorized Transporter	ANSPORTER OF OIL AND NATURAL GAS	
A	Addition (Othe address to which approved copy of this form i	s to be sent)
Sexas New Me	sico Pipeline Box 1510 milland De	en in the second
	of Castaghead Gas of Dry Gas Address (Give address to which approved copy of this form to	s to be sent!
Continental De	Company Box 460 HOBBS N.M.	
If well produces oil or liquids,	Only Sec. Twp. Rge. Is gas actually connected? When	
give location of tanks.	1 K : 22 : 18-5 : 31E Yes 2-18-70	~
If this production is comming	ed with that from any other lease or pool, give commingling order number:	
· · · · · · · · · · · · · · · · · · ·	or pool, give commingling order number:	Post In-

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPILANCE

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.

(Signature)

Are<u>a Engineer</u> (Title) 5-31-85

(Date)

OIL CONSERVATION DIVISION

JUN 13 1985

BY, Original Signed By Les A. Clements TITLE.

APPROVED

Supervisor District H 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.