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O. C. D. ARTESIA, GIACE

## STATE OF NEW MEXICO

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	DISTRIBUTION	OU CONSE	31/ A TION OUTSION
	BANTA FE	<i>•</i>	RVATION DIVISION
	PILE		. BOX 2088
_	U.S.Q.A.	SANTA FE.	NEW MEXICO 87501
•	LANO OFFICE		
_	TRAMSPORTER OIL GAS IN		
*	OPERATOR I	Z RECUEST	FOR ALLOWABLE
	PROMATION OFFICE	• •	AND
* - '	7	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL
- 21	Operator		
		تعنا	
	CHEVRON U.S.A. IN	C. • ·	
	Address		
	P. O. Box 670, Ho	bbs. NM 88240	
	Rescon(s) for filing (Check prop	er aoxi	Other (Please ex
	New Well	Change in Transporter of:	
	Recompletion		Name Char
	X Change in Ownership	· =	Dry Gas
1	Change in Constants	Casinghead Gas	Condensate
Ţ,	If change of ownership give na	•	
	and address of previous owner	Gulf Oil Corp., P. O	. Box 670, Hobbs, NM
	·		
•	II. DESCRIPTION OF WELL	AND LEASE	
1	Leape Name 1/4 C A	Well No.   Pool Nays, include	ga Formation   Kin
- 1	Iddy HI" H	at Coranson	oka Morrow (510
	Location /	and fame we	iku movrou k
	T	1000	
- 1	Unit Letter;_	Feet From The ACUTA	Line and 660 F
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l	Line of Section	Township 195 Range	2/E, NMPM.
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• 1	III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NATU	RAL GAS
	Kape of Authorized Transporter	of Ctler Congenecte	Adages (Give address to wh
	Porman (or	<b>?</b>	"   Roll 3/19 4
- ;;}	Name of Authorized Transporter	of Casimoned Cas of Dry Cas	Address (Give address to wa
.; ·	Name of Authorized Transporter of	of Egalagnood Cas or Ery Gas	Address (Give address to wa
	90 Paso Natur	al Has Co.	Bey 1492 El
	11 well produces oil or liquids.	Unit Sec. Twp. Rge.	Bey 1492 El
	90 Paso Natur	al Has Co.	Bey 1492 El
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(Signature)

(Tile)

Area Engineer

ALLOWABLE ORT OIL AND NATURAL GAS

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Other (Please explain)	
Dry Gra Name Change Effective 7-1-85	
O. Box 670, Hobbs, NM 88240	
State Federal or Fee L-626	Ledse No.
Line and 660 Feet From The East	78457
· 27E . NMPM. Eddy	County
URAL GAS	
Box 3/19, Midland, Ill	79707
Boy 1492 ( Faso, 24 1999	9 sens
19. Is gas actually confected? When Labored at 19.	3-95
pool, give commingling order number:	1 -4 3
The second secon	-1-85
OIL CONSERVATION DIVISION	Op Name
have APPROVED OCT 28 1985	19
with II are Cristing Signal B	in the colors
TITLE Supervisor District II	
This form is to be filed in compliance with any	
well, this is a request for allowable for a newly drill, well, this form must be accompanied by a tabulation of tests taken on the well in accordance with suit a test.	d or deepened the deviation
All sections of this form must be filled out comple shie on new and recompleted wells.	tely for allow-
Fill out only Sections I. II. III, and VI for chan	Ess of owner.