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JUN 111985	
STATE OF NEW MEXICO O. C. D.	
ENERGY MO MINERALS DEPARTMENT ARTESIA, OFFIC	Point C-104
DISTRIBUTION OIL CONSERV	ATION DIVISION
	OX 2088
LAND OFFICE	W MEXICO 87501
TAABSPORTER OIL CASE CONTERT OF DEPUTCET ET	NO ALLOWARIE
OPERATOR PROBATION OFFICE	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
CHEVRON U.S.A. INC.	
P. O. Box 670. Hobbs. NM 88240	
Reeson(s) for filing (Check proper box) New Well Change in Transporter of:	Other (Please explain)
	Name Change Effective 7-1-85
K Change in Ownership Casinghead Gas	ondensate
and address of previous owner Gulf 011 Corp., P. O. Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE Lease Name Weil No. Pool Name, including Formation SP Kind of Lease Lease No.	
- Location	his that an State. Foderal at Fee NM 067125
Unit Letter I : 2482 Feet From The South Lin	let E +
	The and <u>64</u> Feel From The <u>And</u>
Line of Section X Township / Y Range	JOE, NMPM, Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	
Name of Authorized Transporter at Cil Der Condensate	Asacions (Give address to which approved copy of this form is to be sent) Routh 2528 Alalilia NM 88240
Name of Authorized Transporter of Casinghead Gas C or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
(houron (used on Sease)	Post ID-3
give location of tanks.	Is gas actually connected? When 6-14-85
If this production is commingled with that from any other lease or pool,	give commangling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I bereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JUN 13 1985
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Original Signed By
By LIOWICIGE AND OCICI.	Les A. Clements
· O O · I	TITLE Supervisor District H
a. P. Patre	This form is to be filed in compliance with RULE 1104.
(Signature)	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.
Area Engineer (Tule)	All sections of this form must be filled out completely for allow
5-31-85	Fill out only Sections I II III and UT for channel
(Dere)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each poet in multiply
	completed wells.
	and a state of the