

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUL 12 1985

Operator CHEVRON U.S.A. INC.		OIL CON. DIV. DIST. 3		
Address P. O. Box 599, Denver, CO 80201				
Reason(s) for filing (Check proper box)		Other (Please explain)		
<input type="checkbox"/> New Well	Change in Transporter of:	Name Change Effective 7-1-85		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil			<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas			<input type="checkbox"/> Condensate
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>Apache Federal</i>	Well No. <i>2</i>	Pool Name, including Formation <i>Ballard Picture Cliff</i>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <i>M</i>	<i>900</i>	Feet From The <i>South</i> Line and	<i>990</i>	Feet From The <i>West</i>
Line of Section <i>8</i>	Township <i>24N</i>	Range <i>5W</i>	NMPM, <i>Rio Arriba</i>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<i>None</i>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<i>El Paso Natural Gas Co.</i>	<i>Box 1492, El Paso, TX 79999</i>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When			
<i>Yes</i>	<i>Unknown</i>			

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

APPROVED *Frank J. Gandy* SEP 20 1985
BY
SUPERVISOR DISTRICT # 3

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.