## STATE OF NEW MEXICO

-0. 00 (00160 0000110	Form C-104 Revised 10-01-78	
DISTRIBUTION	ATION DIVISION Formal 06-01-83	
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LAND OFFICE		•
TRANSPORTER GAS GAS DENIEST FO		<u> </u>
OPERATOR REQUEST FO	R ALLOWABLE	4 57
	AND	i i i i i i i i i i i i i i i i i i i
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	2003
Operator		
CHEVRON U.S.A. INC.		
Address		
P. O. Box 599, Denver, CO 80201		mage feet on a
Reason(s) for filing (Check proper dox)	Other (Please explain)	
New Well		
	Name Change Effective 7-1-85	سر : س
		<del> </del>
Change in Ownership Casinghead Gas C	ondens at e	•
If change of ownership give name		
and address of previous owner Gulf Oil Corp., P. O. H	Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name (   Well No.   Pool Name, including F	ormation Kind of Lease (17/7) (17)	ase No.
Annche Federal 13 Basin D	akita State, Federal or Fee Las to Ca	
	cercifical state, redead of real delica 69	
Logation J. 1/6.	11 -	e mario e accessó.
Unit Letter : 160 Feet From The Scittic Lir	ne and/650Feet From The	- '
Line of Section / Township 24/ Range	500 NMPM, Reo (Prillia)	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS	200
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit or Condensate	L GAS   Aggress (Give address to which approved copy of this form is to be so	
Name of Authorized Transporter at Cit or Condensate A + Ohmila (LL)	Bus 3/19, Midlard OU 7970	int)
		int)
Name of Authorized Transporter of City  Name of Authorized Transporter of Castagread Gas or Dry Gos City  City Aso Natural Jac (6)	Aggress (Give address to which approved copy of this form is to be so BUN 3/19 Midlard Old 7970 Aggress (Give address to which approved copy of this form is to be so BOU 1492 El Midl, Oth 79990	int)
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Separate Forms C-104 must be filed for each pool in multiply

completed wells.