|   | ·                                |  |  |
|---|----------------------------------|--|--|
| STATE OF NEW MEXICO   | •                                |  |  |
| ENERGY AND MINERALS DEPARTMENT  |                                  |  |  |
| 00. 00 COPICS SECEIVES  |                                  | *  | Form C-104   |
| DISTRIBUTION OIL CO   | NSERVATION DIVIS                 | 101                                      | Revised 10-01-78 ** Format 06-01-83  |
| FILE  |                                  | ION                                      | Page 1   |
| · [   | P. O. BOX 2088                   |  | •  |
| LAND OFFICE   | A FE, NEW MEXICO 8750            | )1 / / / / / / / / / / / / / / / / / / / |  |
| TRANSPORTER OIL   |                                  | - <b>4</b> U ≪ Æ                         | 4.5  |
| OPERATOR RIVER  | EQUEST FOR ALLOWABLE             |  | والأوالما والماران والمساعدين  |
| tin December 1  | AND                              | · · · · · · · ·                          | No service and the   |
| AUTHORIZATION   | TO TRANSPORT OIL AND NA          | TUDA! Ou LA                              | 2  |
| Operator  |                                  | TOWAL DAY                                | 70 47 Wall and 1   |
|   |                                  | 1001                                     | 3  |
| CHEVRON U.S.A. INC.   |                                  | , O'CZ, N                                |  |
| Address   |                                  |  | 0/1  |
| P. O. Box 599, Denver, CO 80201   |                                  | •  | tanatine es  |
| Reason(s) for filing (Check proper box)   | Other (Pla                       | ase explain)                             | ~  |
| New Well Change in Transport  | er of:                           | ase explain)                             |  |
| Recompletion  |                                  | Change Effective                         | 7-1-85   |
| Casinghead Gas  |                                  | 0  |  |
|   | Concensate                       |  | <u> </u>   |
| If change of ownership give name  | D 0 D (50                        |  | ~  |
| and address of previous owner Gulf Oil Corp.,   | P. O. Box 670, Hobbs             | NM 88240                                 |  |
| II. DESCRIPTION OF WELL AND LEASE   |                                  |  |  |
|   | , including Formation            |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| West Risti Thit Will Bis  | Finding Formation                | Kind of Lease                            | Lease No.  |
| Location Location   | L Gallico                        | State, Federal or Fee                    | IM 013492  |
|   |                                  |  | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| Unit Letter : 1980 Feet From The  | ath Line and 666                 | Feet From The W                          | at the   |
| 20  |                                  | rest rom the                             |  |
| Line of Section 20 Township 26N   | Range 1310 , NMF                 | on los Ou                                | O at 1   |
|   |                                  | - xiax ja                                | CON County   |
| III. DESIGNATION OF TRANSPORTER OF OIL AND  | NATURAL GAS                      |  | And the second s |
| Name of Authorized Transporter of Cil or Condensate   |                                  | s to which approved copy of              | this form to be seen   |
| Uniza Piolline ano.   | Bod 1887                         | Bloom 1 1 1                              | no onthis  |
| Name of Authorized Transporter of Castagnead Gas or Dry   | Gas Address (Give address        | I to which approved copy of              | 11111 8 1413   |
| 1 CE Maso notural Has Co.   | Ray Was                          | Santan approved copy of                  | this form is to be sent)   |
| If well produces oil or liquids, Unit   Sec. Twp.   | Rge. Is gas actually connec      | U rase, Il                               | 79999  |
| give location of tanks. G 135 126/  |                                  | when 1- 6                                |  |
|   | U. Bul year                      |  | now  |
| If this production is commingled with that from any other lea   | se or pool, give commingling ord | er number:                               | 4  |
| NOTE: Complete Parts IV and V on reverse side if neces  |                                  | -  | ***  |
|   | -··· 11                          |  | ·  |
| VI. CERTIFICATE OF COMPLIANCE   | ) OIL (                          | CONSERVATION DIV                         | 40.004   |
| • •   |                                  | CED AS 100th                             | VISION   |
| I hereby certify that the rules and regulations of the Oil Conservation D                             | ivision have APPROXED            | SER (2)0 1985                            | •  |
| been complied with and that the information given is true and complete to<br>my knowledge and belief. | the best of                      | 112/                                     | , 19   |
| · ,   | BY                               | · Javy                                   | ા પ્રતિનેત્  |
| <b>^</b> ·  | TITLE                            | SUPERVISOR DISTRICT # 3                  |  |
|   |                                  |  |  |
| ( Attack  | This form is to                  | be filed in compliance                   | with many many   |
| (Signature)   |                                  |  |  |
|   | well, this form mus              | t be accompanied by a t                  | newly drilled or despened abulation of the deviation   |
| Area Engineer   | Att pectage                      | well in accordance with                  | AULE 111.  |
| (Title)   | shie on new and re               | this form must be filled                 | out completely for allow-  |
| 5-31-85   | Fill out only                    | 90001000 1 17 179                        | ા કાર્યો છે.   |
| (Date)  | well name or number              | r, or transporter, or other              | VI for changes of owner, auch change of condition.   |
| •   | E1                               | Called must be dis-                      | -ven enange of condition.  |

Separate Forms C-104 must be filed for each pool in multiply completed weits.