STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.		
LAND OFFICE		
OIL		ī
GAS	i	Ī
OPERATOR		
PROBATION OFFICE		
	OH OIL GAS	OH OH OH

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

	SANTA PE	ATION DIVISION . Page 1	•
		OX 2088	
		W MEXICO 87501	
	LANO OFFICE		•
	TRANSPORTER OIL GAS GAS DEPARTED TO	OD ALLOWARD 5	<u> </u>
16	OPERATOR PO	OR ALLOWABLE	4
40	BACAATION CARLER	SPORT OIL AND NATURAL GAS	
	I.	SFORT OIL AND NATURAL GAS	spiret is
	Operator	the second secon	
	CHEVRON U.S.A. INC.		وسد
	Address		
- 1	P. O. Box 599, Denver, CO 80201	·2	د ۾ ڏهورهن
- 1	Reason(s) for filing (Check proper box)	Other (Please explain)	
1	New Well Change In Transporter of:	Name Change Effective 7-1-85	شکر س
ı		Dry Gas Name Change Effective 7-1-0)	
. [Change in Ownership Casinghead Gas C	Condensate	
		-	
	If change of ownership give name Gulf Oil Corp., P. O. E	Box 670, Hobbs, NM 88240	
	•		
1	II. DESCRIPTION OF WELL AND LEASE	· .	. .
Ī	Lease Name Well No. Pool Name, including F		ase No.
	Douthit Federal 2 Gallegos I	Fruitland State. Federal or Fee Federal	
	Location		entra englar
ı	Unit Letter D : 990 Feet From The North Lin	ine and 990 West	1000
•			
ı	Line of Section 27 Township 27N Range	1111	County
	•		
٠	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS	58. U.S.
-	Name of Authorized Transporter at Cil or Condensate	Againes (Give address to which approved copy of this form is to be se	
. [Non e		65754
	Name of Authorized Transporter of Castagnead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be se	- 1
12	Gas Company of New Mexico	Fidelity Union Tower Bldg., Dallas, TX 25	270,
	If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When	
	give location of tanks.	Yes Unknown	
7	If this production is commingled with that from any other lease or pool,	give commingling order number:	į.
ماري	والمراجع		
	NOTE: Complete Parts IV and V on reverse side if necessary.		
	W CEPTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
	VI. CERTIFICATE OF COMPLIANCE	CLE OF 100E	
: 1	I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 1985	
	been complied with and that the information given is true and complete to the best of	The Maria I I Wall of the Total Total	. disease
•: 1	my knowledge and belief.	BY way	W = 0.55.00
1	The state of the s	TITLE SUPERVISOR & UTRICT #4	
	POD'T		
	Kelle -	This form is to be filed in compliance with RULE 1104.	
-	(Signature)	If this is a request for allowable for a newly drilled or d	eepened
		well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with AUL 111.	
_	Area Engineer (Tule)	All sections of this form must be filled out completely for	its: weella to
	120	able on hew and recompleted wells.	s: .
•	5-31-85	Fill out only Sections I. II. III. and VI for changes of	
	(Daile)	men usua or namper, or fransbotter or other such change of co	mailtion.
		Separate forms C-104 must be filed for each pool in	multini-

completed wells.