## STATE OF NEW MEXICO

(Signature)

(Title)

(Date)

Area Engineer

5-31-85

	11758	
DISTRIBUTION		
BANTA PE		
PILE		
U.S.G.4.		
LAND OFFICE		1
TRANSPORTER	OIL	
	DAS	
OPERATOR		
PRORATION OFFICE		

## 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

II. DESCRIPTION OF WELL AND LEASE  Leges rights  Well No. Pool Hame, including Formation,  State Federal or Fee  Location  Until Letter  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit or Condensate  Address (Give address to which approved copy of this form is to be sent)  Have address of transporter of Castogneed Gas or City Gas Address (Give address to which approved copy of this form is to be sent)  Have produces oil or liquids.  If well produces oil or liquids.  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  Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Complete Parts IV and V on reverse side if necessary.  OIL CONSERVATION DIVISION  APPROVED  APPROVED  BY  APPROVED  APPROVED  APPROVED  APPROVED  19	I OPERATOR	R ALLOWABLE		
Correlated CHEVRON U.S.A. INC.  Address P. O. Box 599, Denver, CO 80201  Research(s) for filing (Check proper sox;  New Well  Recomplisation Change in Ownership Change in Ownership conditions Condensate  Change in Ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership give name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Culf 011 Corp., P. O. Box 670, Hobbs, NM 88240  If change of ownership cive name Change Effective 7-1-85  Name of Legace Stock secret of Feel Condensate  Until Legace Number of Section 63  Township 277 N Range // M. Number of Condensate  If change of ownership change cive name of the condensate  If change of ownership change cive name cive of condensate  In condensate of the condensate of condensate  In condensate of the condensate of condensate  In condensate of the condensate of conden	I PROBATION OFFICE		RAL GAS	
CHEVRON U.S.A. INC.  Address P. O. Box 599, Denver, CO 80201  Nescon(s) for filing (Cheek proper tox)    Naw Well   Change in Transporter of:	1.		City State	mesolite soles
Restants) for filing (Check proper box)    New Woll				And a second second
Records) for filing (Check proper box)    New Well   Change in Transporter of: Oil Dry Ges   Name Change Effective 7-1-85     Recompletion   Oil Dry Ges   Name Change Effective 7-1-85     Recompletion   Oil Dry Ges   Name Change Effective 7-1-85     If the large of ownership give name and address of previous owner   Culf Oil Corp., P. O. Box 670, Hobbs, NM 88240     If DESCRIPTION OF WELL AND LEASE   Legist Name   No.   Pool Mane, including formation   Stories (Section of Fee)     Location   Gallery		···	0,5,6	
New Well   Change in Transporter of:	P. O. Box 599, Denver, CO 80201		. 3 · · · · · ·	रका दोरास€ + :
Recompletion		Other (Pleas	e explainj	
Change of ownership give name and address of previous owner. Gulf Oil Corp., P. O. Box 670, Hobbs, NY 882+0  II. DESCRIPTION OF WELL AND LEASE  Legas brame Well No. Pool Name, including formation, Kina of Lease State Federal or Fee Legise No.  Location Unit Letter F 1850 Feel From The Add Line and 790 Feel From The Location Unit Letter F 1850 Feel From The Add Line and 790 Feel From The Line of Section 63 Township 27N Range // W NMPM, Was Julian County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casingneed Gas or Dry Gas Adgress (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be		Name C	hange Fifertive 7-1-8	35
If change of ownership give name and address of previous owner Gulf Oil Corp., P. C. Box 670, Hobbs, NM 88240  III. DESCRIPTION OF WELL AND LEASE  Leges Name    Well No.   Poor Manne, including Formation   Kind of Lease		ry Gas	name Effective /-1-0	··
II. DESCRIPTION OF WELL AND LEASE  Leges rights  Well No. Pool Home, including Formation,  State Lease  Well No. Pool Home, including Formation,  State Lease  State Lease  No. No. No. Pool Home, including Formation,  State Lease  State Lease  No. No. Pool Home, including Formation,  State Lease  State Lease  No. Pool Home, including Formation,  No. Pool Home, including Formation,  State Lease  No. Pool Home, including Formation,  No	Change in Ownership Casinghead Gas C	ondensate		
Leceison Name  ( Cutt file all 9 Balin Dakuta State rederat or Fee  Location  Unit Letter _ : 1850 Feet From The Cutt Line and 790 Feet From The 1954  Line of Section 63 Township 27N Range // W. NMPM. Range	If change of ownership give name Gulf Oil Corp., P. O. B	Box 670, Hobbs,	NM 88240	
Line of Section & Township & Range   Line and Township & Township	II. DESCRIPTION OF WELL AND LEASE			
Unit Letter		i l	Kina of Lease	Letise No.
Unit Letter	7. Scott Foderal 9 Basin No	rkola	State Federal or Fee	$\boldsymbol{v}$
Line of Section 63 Township 27N Range // NMPM, Range // NMPM, Range // County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil or Condensate Agrees (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cil or Condensate Agrees (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or D			/	Temperature and a
Line of Section 63 Township 27N Range // NMPM, Range // NMPM, Range // County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil or Condensate Agrees (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cil or Condensate Agrees (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Castagnead Gas or D	Unit Letter E : 1850 Feet From The Totte Lin	• and	Feet From The 2025	` <b>!</b>
Name of Authorized Transporter of CII or Condensate Agrees (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Gi		11W , NMPM	. San Quan	County
Name of Authorized Transporter of CII or Condensate Agrees (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Gi			0	
Name of Authorized Transporter/of Castogneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Beh 1899 Beh 1899 Internet and Inte				
If well produces oil or liquide, Girl See. Twp. Rge. Is qua actually connected? When give location of tarks.  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  The production is commingled with that from any other lease or pool, give commingling order number:  OIL CONSERVATION DIVISION  APPROVED  The production of tarks 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.	Name of Authorized Transporter of Cili or Condensate	Lost 3119 -1	to which approved copy of this form	9701 10 be sent)
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  Thereby 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.	Name of Authorized Transporter of Castagneed Gas or Dry Gas	Address (Give address	to which approved copy of this form	is to be sent)
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  Thereby 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.	Mas Company of Thew Merico	Bed 1899 B	from look hm	17413
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.  APPROVED  APPROVED  BY  WILL CONSERVATION DIVISION  APPROVED  BY  WILL CONSERVATION DIVISION  APPROVED  BY	If well produces oil or liquids.	Is gas actually connect	ed? When -	
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.  OIL CONSERVATION DIVISION  APPROVED  BY	give location of tanks,   E   23   27N: 1/W	$\mathcal{C}$	/	
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.  OIL CONSERVATION DIVISION  APPROVED.  BY  BY	If this production is commingled with that from any other lease or pool,	give commingling order	r number:	
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.  APPROVED  BY  APPROVED  BY	NOTE: Complete Parts IV and V on reverse side if necessary.			:-
been complied with and that the information given is true and complete to the best of my knowledge and belief.	VI. CERTIFICATE OF COMPLIANCE	OIL C		;
been complied with and that the information given is true and complete to the best of my knowledge and belief.	The standing that the order and applications of the Oil Consequence - District house	48880	98 <b>5</b>	
my knowledge and belief.	been complied with and that the information given is true and complete to the best of	AFFRUVED		
Table 1	my knowledge and belief.	BY		· · · · · · · · · · · · · · · · · · ·
TIFLE SUPERVINOR - AND E & ()		TITLE SUPERVISO	in all as	

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 filled for each pool in multiply completed weils.