STATE OF NEW MEXICO PARTMENT

ENERGY AND MI	NERAL	s)EF
	11110		
DISTRIBUTE			
SANTA PE			
PILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFF	HCE		
<u>I</u>	_		
Operator			
CHEVRON	U.S.	Α.	Ι

OIL CONSERVATION DIVISION

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

FILE			7			P. O. E	OX 2088				•
U.S.G.A.	-+		SANTA FE, NEW MEXICO 87501								
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TRANSPORTER	IL.]								+ ; 4;
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OPERATOR	_+		-	<u>~</u>			AND		•	and the second of the second o	
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Operator					-						
CHEVRON U	.s.	A. :	INC.								بالشقار أألت
Address											· · · · · · · · · · · · · · · · · · ·
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Recompletion		-		<u></u> □ 0:1			Dry Gas	Name (mange cire	crive 1-1-03	
Change in Own	nershi	p	+	Casin	ghead Gas		Condensate	1		•	
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and address of pro	ATOR	5 OW	ner	11 011	corp.,	1.0.	DOX 070	, nobbs,	NM 00240		
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II. DESCRIPTIO	N ()	· W	ELL AND LE		5 N	11	C				
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Line of Section	2	7	Township	26N		. :	13W	211.470	San Jua	n	ा व जिल्ला
Line bi Section		·	1 GAUSUIT			Range		, NMPIA	·		County
III DECLOSIA	~	<u> </u>			_		`			•	and a second
III. DESIGNATI	<u>UN</u>	OF 1	RAN'SPORT				L GAS				At the second
Name of Authorized			_		ndensate	ر قرين السا	Aggress	(Give address i	to which approved	copy of this form is t	
NONE - W	ATE	R S	UPPLY WEL	ıL		•				det ≥	alleringerise 1
Name of Authorized	Tran	sport	er of Casingne	ad Gas 🗀	or Dry	Gas 🔲	Address	(Give address s	to which approved	copy of this form is t	o be sent/
→ NONE - W	ATE	R S	UPPLY WEL	L		0 0 1 1				and the second second	11,54
**			Unit	, Sec.	Twp.	Rge.	is gas co	tually connecte	d? When		
if well produces of give location of tar		daras	• ;	i	i		i i		i		
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If this production	B C01	mmin	gled with the	t from any	other les	se or pool,	give com	ningling order	number:	•	
NOTE: Comple	4 - D-	4_ 7	77 J 17	. .	1. 25		11-	, -		·	
NOTE: Comple	ie Pa	ITS I	v ana v on	reverse sia	te ij nece	essary.			•		
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VI. CERTIFICAT	t Or	CO	MPHANCE	•	•	• • • •	-	OIL C	ONSERVATIC	MFINIZION	
hereby certify that the	e od		l comulacione of	the Oil Con	reportion D	ivision have	APPR	DVAED !	CF 50 1	OD LE C	• •
been complied with an	d that	the i	nformation give	n is true and	complete t	o the best of		Dry I	1 41		19
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and the second					. , . , . •		TITLE	<u>نا با برند تا ا</u>	DE DISTRICT M S	.	The second
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	~		<u> </u>				ii if	this is a requ	est for allowahi	e for a constructed lie	
			(Signature)			~~'	II Well. U	The sacitty midel:	DE SCCOMOSOLA	5 hw a sak	• h
A1	ea	Eng	ineer						AATT TO SCCOLOSU	CO WITH MULE 111.	
			at interior				ii A!!	BOCKLODE Of	this form must b	e filled out complet	min for all

able on new and recompleted wells.

Fill out only Sections 1, 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 mult!