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JUN 27 1985

Ö, C. D. ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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

OPERATOR DAS	REQUEST FOR		•	
PROBATION OFFICE	ANI	-	•	The State
<u>I.</u>	AUTHORIZATION TO TRANSPO	DRI GIL AND NATURA	L GAS	Committee Committee
Operator				
CHEVRON U.S.A. INC.	<u> </u>			3-311
Address				
P. O. Box 670, Hobbs, N.	188240			ा प्रकारक अर्थ ।
Reason(s) for filing (Check proper box)		Other (Please ex	plain	
New Well	Change in Transporter of:	Nama Cha	Fff 7.1 o	
Recompletion	Cii Diy	Gas Name Cha	nge Effective 7-1-8)
X Change in Ownership	Casinghead Gas Cond	densate	•	
If change of ownership give name			·	
and address of previous ownerGt	ilf Oil Corp., P. O. Bo	x 670, Hobbs, NM	88240	
T 7000000000000000000000000000000000000				
II. DESCRIPTION OF WELL AND L	EASE Weil No. Pool Name, including Form			•
	•		nd of Lease	Lease No.
Atoka San Andres Unit	1132 Atoka San Ar	iales Isi	ate, Federal or Fee	μ.
	A)41	0.2		المعاود المعاو المعاود المعاود المعاو
Unit Letter C : 990	Feet From The North Line of	and <u>2510</u> 1	Feet From The West	, 2-my ,
Line of Section 14 Townshi	p /85 Range &	21.0	C11	ودرست
Cine of Section 14 Township	: Rande C	26E , NMPM.	<u>Eddy</u>	County
III. DESIGNATION OF TRANSPOR	TER OF OU AND NATURAL C	~ 1.0	3	profession and s
Name of Authorized Transporter of CII	or Condensate	Aggress i Give address to u	hich approved copy of this form t	* 10 00 1001
navajo Refinino	2 Cr.	BON 159 6	Isteria nn	88210
Name of Authorized Transporter of Casindy	ad Gas Or Dry Gas	ddress (Give address to w	hich approved copy of this form i	s to be sent)
KNILLIAS TELLAGE	Wh Y	401 Healy co	R. Odessa 2	1 79762
If well produces oil or liquids, Uni	Sec. Twp. Rge. 1	s gas actually connected?	When	t mag i si fili majayan
give location of tanks.	ニ : /J ://ひ :/60 -	(60)	1 /aRAD	11/21)

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.

NOTE: Complete Parts IV and V on reverse side if necessary.

If this production is commingled with that from any other lease or pool, give commingling order number:

(Signature)
Area Engineer

(Title)

2-31-82

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 5 1985

Original Signed By

Les A. Clements

TITLE Supervisor District II

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 filed for each pool in multiply completed wells.