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STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	
00. 0F copies occares	Form C-104 Revised 10-01-78
DISTRIBUTION	ATION DIVISION Format 05-01-83
DAMIAPE	· · · · · · · · · · · · · · · · · · ·
	OX 2088
LAND OFFICE SANTA FE, NE	W MEXICO 87501
	The state of the s
TRANSPORTER PROPERTY OF THE PR	OR ALLOWABLE
OPERATOR	AND
PROBATION OFFICE I I I I I I I I I I I I I I I I I I	PORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	and the second of the second o
Address	
P. O. Box 670, Hobbs, NM 88240	ार्च । प्रतिकार के प्रतिकार के अपने के प्रतिकार के अपने के प्रतिकार के अपने के प्रतिकार के अपने की की किस्ता क स्थापन
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	Name Change Effective 7-1-85
	Condensate
E. Cranto III Constituto del E. C.	Andensate 1
Change of ownership give name Cult Care D. O.	D (70 W11
nd address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
I. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including	Caga ito:
W.A. Ramsay (UCT-V) 4 Bollarhide	Tubb Drinkard State, Federal or Foo State " 15782-C
Location	110
Unit Letter L : 1980 Feet From The South Li	ne and 660 Feet From The West
•	· · · · · · · · · · · · · · · · · · ·
Line of Section 28 Township 245 Range	38 E, NMPM, Cea County
	Control of the Contro
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS
Name of Authorized Transporter at Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Permian (oro. Permian (Eff. 9/1/87)	But 3119 midland out 19701
Name of Authorized Transporter of Castaghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Il Paso natural Mas Co.	BOU 1492 91 Paso 21 19999
Tinit See ITue IRea	Is gas actually connected? When
If well produces oil or liquids, give location of tanks. L 28 245 388	yes 11-29-84
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.	
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby ceruify that the rules and regulations of the Oil Conservation Division have	APPROVED 19
ren complied with and that the information given is true and complete to the best of	() all
y knowledge and belief.	BY THE CONTRACTOR OF THE CONTR
	TITLE DISTRICT 1 SUPERVISOR
	TITLE
(Y(I))U +	This form is to be filed in compliance with RULE 1104
W.X.Valle	If this is a request for allowable for a newly delited and
(Signature)	Well, this form must be accompanied by a tabulation of the device.
Area Engineer	I tests taxen on the mett to eccordance with MATE 111"
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.
	-v v.: .ivv :v :v :v :v :v :v :v

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.

completed wells.

Separate Forms C-104 must be filled for each pool in multiply

5-31-85

(Date)