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STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
	Revised 10-01-78
DISTRIBUTION	ERVATION DIVISION Page 1
SANTAFE	P. O. BOX 2088 -
	E. NEW MEXICO 87501
LAND OFFICE	E, NEW MEXICO 87301
	EST FOR ALLOWABLE
OPERATOR	AND
AUTHORIZATION TO	TRANSPORT OIL AND NATURAL GAS
I	
Operator	
CHEVRON U.S.A. INC.	
Address	
P. O. Box 670, Hobbs, NM _ 88240	· · · · · · · · · · · · · · · · · · ·
Reason(s) for filing (Check proper aox)	Other (Please explain)
New Well Change in Transporter of:	1:
Recompletion Cil	Name Change Effective 7-1-85
X Change in Ownership Casinchead Gas	Condensate
If change of ownership give name Culf Oil Corp. B.	0 Por 670 Habba Mr. 000/0
and address of previous owner Guil Oil COLD., F.	. O. Box 670, Hobbs, NM 88240
<i>L</i>	UPRED PRIVAL
II. DESCRIPTION OF WELL AND LEASE	Lectuding Formation (1/27) Kind of Lease
W. D. Shumes (NCT-A) 16 floods	1 Blinghry State, Federal or Fee #
Location	
Unit Letter D : 800 Feet From The MOU	the Line and 700 Feet From The West
	-
Line of Section 32 Township 8-5 Ra	ingo 38-E, NMPM, Jer
III. DESIGNATION OF TRANSPORTER OF OIL AND NA	1111 11 C 15
Name of Authorized Transporter of Cil A or Condensate	Andress (Give address to which approved copy of this form is to be se
Roll Dingling, Town	Rall 10 in thidlord rel 797
Name of Authorized Aransparier of Casingneed Bas and or Dry Gas	Address (Give address to which approved copy of this form is to be se
Obilling) totraloum GPM Gas Corr	
	Rge. Is gas actually connected? When
give location of tanks. 1- 32 185	38E yes Untran
If this production is commingled with that from any other lesse of	or pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessar	iry.
	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Divisi	sion have APPROVED JUL DU 1985-
been complied with and that the information given is true and complete to the	he best of 1
my knowledge and belief.	BY_PARCA ANTON
	DISTRICT 1 SUPERVISOR
	TITLE DISTRICT I SUPERVISOR
$V \cap A' I_{-}$	This form is to be filed in compliance with RULE 1104.
W. J. Patre	If this is a request for allowable for a newly delived and
(Signature)	i well, this form must be accompanied by a tabulation of the A
Area Engineer	I tests taken on the well in accordance with RULE 111.
(Tille)	All sections of this form must be filled out completely fo
• •	able on new and recompleted wells.
5-31-85	Fill out only Sections I. II. III, and VI for changes of
(Date)	well name or number, or transporter, or other such change of co
	Separate Forms C-104 must be filed for each pool in completed wells.
· · ·	i completed wells.
	I Completed Meller
	I Completed wells.

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