STATE OF NEW MEXICO	T			•
DISTRIBUTION	OIL CONSERVATION DIVISION			Form C-104 Revised 10-01-78 Format 06-01-83
SAMTA FE				Page 1
THE	P. O. BOX 2088			
LAND OFFICE	SANTA FE, NEW MEXICO 87501			
TRANSPORTER GAS	REQUEST FO	RALLOWABLE		
OPERATOR		ND	•	
	AUTHORIZATION TO TRANS	PORT OIL AND NATU	IRAL GAS	
Operator	<u></u>			
Chevron U.S.A., Inc	•			
	bs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please	e explain)	
New Well	Change in Transporter of:			
Recompletion		ry Gas		
Change in Ownership	X Casinghead Gas	ondensate		
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL ANI) LEASE			
Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No
Lea "KG" State	3 Vacuum Grayburg	g San Andres	State, Federal or Fee S	tate
Unit Letter A : 440	Feet From The East Lir	990	Feet From The	h
Line of Section 35 Tow	nship 17 S Range	33 Е , ммрм	, Lea	Count
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURA			
Name of Authorized Transporter of Oll Alyas New Meye Name of Authorized Transporter of Casi			to which approved copy of (
			to which approved copy of i	•
Phillips 66 Nat'l Gas C		1	Odessa, TX 797	62
If well produces oil or liquids,	Unit Sec. Twp. Rgs.	Is gas actually connected	ed? When	
give location of tanks.	· · · · · · · · · · · · · · · · · · ·	Yes	6-22-	88
If this production is commingled with	a 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 COMPLIAN		ONSERVATION DIV	ISION	
1 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		APPROVED, 19		
been complied with and that the information my knowledge and belief.	BYOrig. Signed by			
,B,	Paul Kautz			
<u>مر</u>		TITLE	Geologist	
1				
I MAGE MAA			be filed in compliance	
(Signati		If this is a requ	est for allowable for a :	newly drilled or deeper
	.,	tests taken on the v	be accompanied by a triveli in accordance with	BULE 111.
New Mexico Area Superin			this form must be filled	
(Title	/ /			wield tot will

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(Date)

9-8-88

able 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.

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