STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
DISTRIBUTION OIL CONSERVA	Revised 10-01-78 TION DIVISION Page 1
BANTA FE P. O. BO	
· Price	V MEXICO 87501
LANO OFFICE	in the first state of the state
TRANSPORTER OIL PREDIEST FOR	RALLOWABLE
OPERATOR A	ND
AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS
Coperator	
CHEVRON U.S.A. INC.	Control of the Contro
Address	्ये के अधिक के प्राप्त कर के किया है।
P. O. Box 670, Hobbs, NM 88240 Reason(s) for tiling (Check proper cox)	Other (Please explain)
New Well Change in Transporter of:	i a postupajan ili.
	Name Change Effective 7-1-85
Casinchead Gas Co	ondensate (** ** ** ** ** ** ** ** ** ** ** ** **
	4
If change of ownership give name Gulf Oil Corp., P. O. B and address of previous owner	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including Fi	
Lea TZ Stale 5 V.E. Scharle	Wolf Camp (State, Federal or Fee "
Location 1.000	C. +
Unit Letter # : 1790 Feet From The Tlatte Lin	e and 900 Feet From The East
Line of Section // Township /95 Range =	35F NMPM. LON County
Line of Section / (Township /) Hange	- sheet - sheet
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Cit or Congeniate Parming (1 (/ 1 /07)	Radiosa (Give address to which approved copy of this form is to be sent)
Pohmian (1.9/1/87) Name of Authorized Transporter of Gastaghedd Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Wah hom Poth Aloum	Roll 1589 July AR, 74/00
The Sec IT Sec.	Is gas actually connected? When J.
If well produces oil or liquids, give location of tanks. H 16 199 35E	1 Ups ankrown
If 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.	•
NOTE: Complete Parts IV and V on reverse state if necessary.	1
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
my knowledge and belief.	BY
•	TITLE DISTRICT 1 SUPERVISOR
$\mathcal{O}(\mathcal{O})$	This form is to be filed in compliance with RULE 1104.
(C. V. Patre	If this is a request for allowable for a newly drilled on decease
(Signature)	well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.
Area Engineer	All sections of this form must be filled out completely for allow
(Title)	able on new and recompleted wells.
5-31-85 (Date)	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
15-114/	Separate Forms C-104 must be filed for each pool in multiple
· · · · · · · · · · · · · · · · · · ·	completed wells.