	STATE OF NE	W MEXIC	:c			
	ENERGY AND MINERA					
	DISTRIBUTION	+				
	SANTA PE	+		OIL		
	FILE					
	U.S.G.A.	1-1-	_	S		
	LAND OFFICE	1		<i>-</i>		
	TRANSPORTER CIL					
•		1-1-1		~		
ببندد	PRORATION OFFICE	 	- 10	_		
· · · ·	I.		•	AUTHORIZA		
• •	Operator					
-	CHEVRON U.S.A. INC.					
	Address		<u>C.</u>			
			-			
	P. O. Box 6	70. Ho	bbs. NM	88240		
	Reason(s) for filing (Check prop	er cox;			
٠.	New Well	÷ .		Change in Tro		
	Recompletion			Cil		
	X Change in Owners			≒ ```		
	Change in Owner	inip		Casinche		
	16 abanaa af			•		
•	If change of ownersh and address of previo	ib Sive u	. Gul	f Oil Co		
	o. p.cv.	365 0 H ((C)				
	II. DESCRIPTION	OF WELL	LAND FE	\SF		
1	Lease Name			Well No. Pao		
	Graham St.	ate NO	2T-C	5 /		
	Location					
ļ	\mathcal{R}		660			
	Unit Letter	: -	000	Feet From Th		
	Line of Section	25	Township	10		

CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-83

PICE	P. O. 8	IOX 2088		
V.S.G.A.	SANTA FE, NE	W MEXICO 87501		
LA40 OFFICE	40 OFFICE			
TRANSPORTER GAS				
OPERATOR	I ————————————————————————————————————	OR ALLOWABLE		
PROPATION OFFICE		AND .	The state of the s	re in the gall of the
<u>I.</u>	AUTHORIZATION TO TRAN	SPORT OIL AND NATURA	L GAS	
Obetatos				
CHEVRON U.S.A. I	NC. ·			•
P. O. Box 670, H Reason(s) for filing (Check pro	obbs. NM 88240			oma miliaja n
New Well	Change in Transporter of:	Other (Please ex	piainj	
Recompletion -		Name Cha	inge Effective 7-1-85	//-
X Change in Ownership		Dry Gas Condensate		
		Shoelisdie		
If change of ownership give and address of previous own	Gulf Oil Corp., P. O.	Box 670, Hobbs, NM	88240	•.
II. DESCRIPTION OF WEI	II AND FASE			
Lease Name	Well No. Pool Name, Including i	formation		
Graham State N	CT-C 5 Eunice 71	1.4.4	nd of Lease	M 2056
B	660 Feel From The North	100		
Unit Letter;	660 Feet From The North Li	ne and <u>1980 </u>	eet From The Cook	
Line of Section 25	Township 19-5 Range	36E . NMPM.	P	<u> </u>
	Adage	36C , NMPM,	a la	County
III. DESIGNATION OF TR	CANSPORTER OF OIL AND NATURAL	1.038		roper at
Name of Authorized Fransporter	of CII or Condensate	Agaress (Give address to wi	nich approved copy of this form is to	
Name of Authorized Transporter	of Castogneda Gas or Cry Gas	DOW 1910 9	nidland W	79701
Warren Petr.	oleum.	Box 1589 2	such approved copy of this form is to	oe sensj
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. 25 10-5 216	is gas actually connected?	When	
	17000	yes	Muknown	<u> </u>
If this production is commingi	ed with that from any other lease or pool,	give commingling order num	nber:	
NOTE: Complete Parts IV	and V on reverse side if necessary.	•		······································
VI. CERTIFICATE OF COM		I OIL CONS		
	• •	. OIL COINS	SERVATION DIVISION	
been complied with and that the infe	egulations of the Oil Conservation Division have permation given is true and complete to the best of	APPROVED	ANT OF TIARD	••
ny knowledge and belief.		BY PARLA	124/	19
_		1-1/	ISTRICT 1 SUPERVISOR	
$Q \cap A$	7-/	1 1/		
W. X. V	atre 1	This form is to be f	iled in compliance with RULE	1104.
	Signature	well, this form must be	for allowable for a newly drilled	
Area Engi	ineer	tests taken on the well	for allowable for a newly drilled accompanied by a tabulation of in accordance with RULE 111.	the deviation

(Title)

5-31-85

(Date)

All sections of this form must be filled out completely for allow 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