| *                                  |   |  |                    |                        | •                                     | •                                       |
|------------------------------------|---|--|--------------------|------------------------|---------------------------------------|---|
| STATE OF NEW MEXIC                 | CO                                      | •                                      |                    |                        |                                       |   |
|                                    |   |  |                    |                        |                                       |   |
| ENERGY AND MINERALS DEPA           | HIMENI                                  |  |                    | •                      | Form C-104                            |   |
|                                    | 10. 00 COPIES SECTIVED                  |  |                    |                        | Revised 10-01-                        | 78                                      |
| DISTRIBUTION                       | OIL CONSERVATION DIVISION               |  |                    |                        | Format 06-01-8                        | 3                                       |
| SANTA PE                           |   |  |                    | •                      | Page 1                                |   |
| P. O. BOX 2088                     |   |  |                    |                        |                                       | •                                       |
| U.S.G.S.                           | SANTA                                   | FE, NEW MEXI                           | CO 87501           |                        |                                       |   |
| LAND OFFICE                        |   |  |                    |                        |                                       | •                                       |
| TRANSPORTER OIL                    |   |  |                    |                        |                                       |   |
| REQUEST FOR ALLOWABLE              |   |  |                    |                        |                                       |   |
| OPERATOR                           | ~                                       | AND                                    | •                  | •                      | e e e e e e e e e e e e e e e e e e e | ५८ व सभी वि                             |
| PRORATION OFFICE                   | - AUTHORIZATION T                       | O TRANSPORT OIL                        | AND NATURA         | LGAS                   |                                       |   |
| •                                  |   |  | - MIS HATOKA       | LONG                   | ,                                     | Server Land                             |
| Operator                           |   |  | <del></del>        |                        |                                       |   |
| CHEMPON II C. I. T.                |   |  |                    |                        |                                       |   |
| CHEVRON U.S.A. II                  | NC.                                     | <del> </del>                           | <del></del>        |                        |                                       |   |
|                                    |   |  |                    |                        |                                       | 5,5,4,3,57                              |
| P. O. Box 670, Ho                  | obbs. NM 88240                          |  |                    |                        |                                       | ा क्रिकेट केन                           |
| Reason(s) for filing (Check pro    | per box)                                | ······································ | Other (Please ex   | niaux)                 | ·                                     |   |
| New Well                           | Change in Transporter                   | nt.                                    |                    | F                      |                                       |   |
| <b>=</b>                           |   |  | Name Cha           | nge Effective          | e 7-1-85                              | سنند                                    |
| Recompletion ''' '''               | 닏애                                      | Dry Gas                                |                    | -9x-00EIV              |                                       |   |
| X Change in Ownership              | Casinghead Gas                          | Condensate                             |                    |                        |                                       |   |
|                                    | ,                                       |  | <del></del>        |                        |                                       | <del></del> _                           |
| change of ownership give i         |   | P 0 Box 670                            | Hobbo MM           | , 000/0                |                                       | ••                                      |
| nd address of previous own         | er dari off dolp.,                      | 1. O. BOX 070                          | , nobos, NM        | 88240                  |                                       |   |
|                                    |   |  |                    |                        |                                       |   |
| I. DESCRIPTION OF WEI              | LL AND LEASE                            |  |                    |                        |                                       | 1.7.                                    |
| _ease Name                         | Well No.   Pool Name,                   | including Formation                    | Ktr                | nd of Lease            | ,                                     | Lease No                                |
| Dorth est &                        | nt Unit 157 tun                         | am t                                   | Ste                | ate, Federal or Fee    | ا يا ما                               |   |
| ocation                            | 71 Will 18 1 COTT                       | WIG                                    |                    |                        | ree !                                 |   |
|                                    | 11 40 4                                 |  |                    |                        |                                       |   |
| Unit Letter;                       | 1650 Feet From The 200                  | th Line and 16                         | <u>250 </u> ;      | Feet From The          | ast                                   |   |
| <del>/</del>                       |   |  |                    | /\                     |                                       | in a                                    |
| Line of Section 33                 | Township 193                            | Range 36 E                             | , NMPM,            | $\mathcal{L}_{\alpha}$ |                                       | 7.73                                    |
| eme or section and                 | 779                                     | Traine DUF                             | , NMPM, C          | <u> Nekco</u>          |                                       | County                                  |
|                                    |   |  |                    |                        |                                       | كالمراجعين                              |
| I. DESIGNATION OF TH               | RANSPORTER OF OIL AND A                 |  |                    |                        |                                       |   |
| Name of Authorized Transporter     | r of Cil or Condensate                  | Asaress (                              | Give address to w  | hich approved copy o   | this form is to                       | be sentj                                |
| Town of the a main                 | co Pineline Compan                      | 1 Back                                 | 510 cm -           | in al dein             | 1) 11/10                              | 1. 1. 3 Spill St. 1.                    |
| AURIO - I (III) I I (I KC          | r of Casinghead Gas Cor Dry C           |  | Cina addassa       | hich approved copy of  | w 797                                 | 01                                      |
|                                    | 1                                       | Auditess (                             | Sive agaress to w  |                        |                                       | oe sensj                                |
| Varren Petroleur                   | n Corporation                           | Box                                    | 1589 -140          | lsa Oklaha             | ma 74                                 | 100                                     |
| f well produces oil or liquids,    | Unit Sec. Twp.                          |  | tually connected?  | When                   |                                       | - Charles                               |
| ive location of tanks.             | 1 34 193                                | 3/2 F / 1/4 M                          | <i>I</i>           | Unkn                   | n. en/                                | 1 11                                    |
|                                    |   | - Jur ! Upp                            |                    |                        | CO 10                                 |   |
| this production is comming         | led with that from any other leas       | e or pool, give čomn                   | aingling order nur | mber:                  |                                       |   |
| OTT. C. I. D. T.                   |   |  | •                  |                        |                                       | · - · · · · · · · · · · · · · · · · · · |
| OTE: Complete Parts IV             | ' and V on reverse side if neces.       | sary.                                  | ~                  |                        |                                       |   |
|                                    |   |  | <b></b>            |                        |                                       |   |
| I. CERTIFICATE OF COM              | IPLIANCE                                | li                                     | OIL CON            | SERVATION DIV          | VISION                                |   |
|                                    |   | -                                      | $\wedge$           | 3333 0 4 -             |                                       |   |
| ereby certify that the rules and t | regulations of the Oil Conservation Di  | vision have APPRO                      | シベギロ               | MAT OUT                | 9 <b>85</b> ,                         |   |
| en complied with and that the inf  | formation given is true and complete to | the best of                            | ( / • • • •        | 1.5                    | <u>, , ,,</u>                         |   |
| knowledge and belief.              | •                                       | BY                                     | PARLA              | 1247                   | 22/                                   |   |
|                                    |   |  | / <b>7.</b>        | DIETRICE               |                                       |   |
| _                                  |   | TIVLE                                  |                    | DISTRICT 1 SUPE        | RVISOR                                | <b>-</b> .                              |

(Signoture)

(Title)

Area Engineer

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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