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	AT.
BTITE OF NEW MENOD	C_{-}
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	
••. •• conta sectives	- Form C-104 Revised 10-01-78
DISTRIBUTION	Format 06-01-83
BANTA PE	BOX 2088
	EW MEXICO 87501
RECUEST F	OR ALLOWABLE
PRORATION OFFICE	AND
AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	· · · · · · · · · · · · · · · · · · ·
Address	
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper sox)	Other (Please explain)
New Vell Change in Transporter of:	
Recompletion Cil	Dry Gom Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
Change of ownership give name Gulf Oil Corp., P. O.	•
Unit Letter	Line and 660 Feet From The East
Line of Section 13 Township 205 Range	36E, NMPM, Lea Cour
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR.	
Alal Pipeline Porto	Address (Give address to which approved copy of this form is to be sent) RAN 1910 midland 111, 1910
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	Boy 1589 Julsa OR 74100
If well produces oil or liquida. Unit Sec. Twp. Reg. give location of tanks. P 13 205 36	Is gas actually connected? When
f this production is commingied with that from any other lease or poo	I, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
• •	
hereby certify that the rules and regulations of the Oil Conservation Division hav wen complied with and that the information given is true and complete to the best o	of APPROVED, 19
ny knowledge and belief.	BY PARCA 124 022
· ·	TITLE DISTRICT 1 SUPERVISOR
RODIL	This form is to be filed in compliance with RULE 1104.
U.S. Vatre	If this is a request for allowable for a period doubt of
(Signalwey	well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.
Area Engineer (Tule)	All sections of this form must be filled out completely for al
5-31-85	wore on new and recompleted walls.
(Doire)	Fill out only Sections I. II. III, and VI for changes of ow well name or number, or transporter, or other such change of condi
•	Separate Forms C-104 must be filed for each pool in mult
	I completed wells.
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