STATE OF NEW MEXICO	•			
ENERGY AND MINERALS DEPARTMENT		•	Form C-104	
		· - •	Revised 10-01-7	
DISTRIBUTION OIL CONSERV	ATION DIVISIO	N N	Format 06-01-83 Page 1	•
I SANTA PR	OX 2088			• ·
SANTA FE, NE	W MEXICO 87501			
LAND OFFICE			· .	
TRANSPORTER DIL DECKIEST EC	OR ALLOWABLE			
	AND	•		47
AUTHORIZATION TO TRANS	SPORT OIL AND NATU	RAL GAS	· • • • • • • • • • • • • • • • • • • •	
I				
Operator				• •
CHEVRON U.S.A. INC.	<u> </u>			
P. O. Box 670, Hobbs, NM 88240				
Reason(s) for filing (Check proper box)	Other (Please	e esplainj		
New Vell Change in Transporter of:	Name O	Change Effecti	ive 7-1-85	سر تسمر
	оту Сав			• •
X Change in Ownership Casinghead Gas C	Condensate			
If change of ownership give name Culf Oil Corp. P. O.	Boy 670 Ushba	NIM 99240		••
If change of ownership give name Gulf Oil Corp., P. O.	box 070, noods,	<u>NM 88240</u>		
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including F	formation J	Kind of Lease	1A A	Lease No.
R. R. Bell MCF.G. I Eumont &	Jao	State, Foderal or Fo	Slate"	
Location	11.	•	E I	•••
Unit Letter P : 660 Feet From The South Li	ne and <u>640</u>	_ Feet From The	Cast	
Line of Section 13 Township 205 Range	36E .NMPM	P		County
Line of Section 3 Township 200 Range	JOL . NMPM	<u>Ala</u>		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS			
Name of Authorized Transporter of Cil or Condenacte	Asdiess (Give address 1	o which approved cop	y of this form is to b	e sentj
None				·
Name of Authorized Transporter of Castagnead Gas or Dry Gas	Address (Give address : Po R 200	o which approved cop;		FOIN1
Ttorthein Talural Alas	Is gas actually connected	S maha	Rebraska	60101
If well produces oil or liquids, give location of tanks.	Ues		known	
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.	*1	-		۰.
VI. CERTIFICATE OF COMPLIANCE	OIL CO	DNSERVATION I	DIVISION	
	APPROVED			•
hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of	77-		, 19	·
ny knowledge and belief.	BY BY	L1 124	ani	
•	TITLE	DISTRICT 1 SU	PERVISOR	
$O \cap O$				
(Y())/(f)		be filed in complia est for allowable fo		
(Signaliwa)	well, this form must	be accompanied by	a tabulation of th	or deepened te deviation
Area Engineer	tests taken on the w	ell in accordance whis form must be fil	with AULE 111.	•
(Tulo)	able on new and rec	ompleted wells.	rrad ont combistel	y for allow-
5-31-85	Fill out only S.	ctions I. II. III.	nd VI for change	of owner,
(Date)	well name or number, Separate Forms	C-104 must be file		
	completed wells.	- 104 mant of 111		
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