STATE OF NEW MEXICO

ENERGY AND MI VERALS DEPARTMENT

(Dole)

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DISTRIBUTIO	-	\top	T
BANTA PE		1	1
FILE		1	1
U.B.G.A.		1	1
LAND OFFICE		1	1
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFF	CE		

OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

P.	O. BOX 2088	
U.S.G.S. SANTA FE.	SANTA FE, NEW MEXICO 87501	
LAMO OFFICE		
TRANSPORTER CIL DECUGE	9:	
REQUES	ST FOR ALLOWABLE	
PROBATION OFF CE	ONA THE SEARCH SERVICE	
AUTHORIZATION TO THE	RANSPORT OIL AND NATURAL GAS	
Operator	r tripera	
į		
CHEVRON U.S.A. INC.	<u> </u>	
Address		
P. O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
Recompletion OII	Dry Goa Name Change Effective 7-1-85	
X Change in O mership Casinghead Gas	Condensate	
	Condensate	
If change of ownership give name Cult Oct Com		
and address of previous owner Gulf Ull Corp., P.	0. Box 670, Hobbs, NM 88240	
T. D. C. C. C.		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Paol Name, Includ	1 L. EGEN NO.	
Eunice Morument South 125 Eunice	Monument State, Federal or Fee For "	
Location and	1	
Unit Letter + : 660 Feet From The With	Line and 660 Feet From The 80 of	
Unit Letter : CCC Feet From The Suttle	Line and WOU Feet From The Elica	
Line of Section 25 Township 205 Range	215	
Line of Section S Township SOS Range	36E, NMPM, Lea County	
III DESIGNATION OF TRANSPORTED	· ·	
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATU	JRAL GAS	
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Still Mibline Cup.	1910, Midley A 24 79701	
Name of Authorized Transparier pt Castagn Carlot Ca	Address (Give address to which approved copy of this form is to be sent)	
FILLER STEVER COLORS	199001 tam 14 000 (ldam 14 707/21:	
If well produces o i or liquids, Unit Sec. Unit	ion is gas actually connected? When	
give location of icake. T 1 25 1205 3	6E yes Unknown	
Stable production to communicate with the state of		
If this production is commingled with that from any other lease or p	ool, give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
	u ·	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
•		
hereby certify that the rules and regulations of the Oil Conservation Division h	APPROVED UL 1 1303	
been complied with a 1d that the information given is true and complete to the bes my knowledge and b lief.	rof / 240	
ay Environce and o net.	BY PAREN ANY TON	
_	TITLE DISTRICT 1 SUPERVISOR	
	TITLE DISTRICT T SUPERVISOR	
17 (1) /W	This form is to be filed in compliance with RULE 1104.	
Mick. Valle	If this is a request for ullegable t	
(Signature)	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with all 7 the deviation	
Area Engineer		
(Title)	All sections of this form must be filled and assert	
5-31-85	able on new and recompleted wells.	

Fill out only Sections I. II. III, end 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