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	1997 - 1997 -
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STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	
DISTRIBUTION	Form C-104 Rensed 10-01-78
SANTA PE OIL CONSERV	VATION DIVISION
	BOX 2088
- LAND OFFICE SANTA FE, NEW MEXICO 87501	
TRANSPORTER OIL	
PROMATION OFFICE	OR ALLOWABLE
I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator	
CHEVRON U.S.A. INC.	
Address	
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper box)	
New Well Change in Transporter of:	Other (Please explain)
Recompletion	Dry Gos Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
If change of ownership give name out 5 of 1 o	
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including	
B.W. White NCT-BJill Eumont	State, Federal or Fee 11
P /2/20 South	
Unit Letter: 660 Feet From The South Line and 660 Feet From The East	
Line of Section 35 Township 20-5 Range	36E NMPM Lea
County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS
Shell Propling Corp	Asciens (Give address to which approved copy of this form is to be sent) Box 1910 midland Lesa 79701
Name of Authorized Transporter of Company Prese February Gas 292	Address (Give address to which approved copy of this form is to be sent)
A Mulip Petroleum GPM Gas Corporation	4001 Penkrook Officia Jen 7971
If well produces oil or liquids. Unit Sec. Twp. Res. give location of tanks. P 35 205 366	is gas actually connected? When
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.	
VI. CERTIFICATE OF COMPILANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	
been complied with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED AUG = 1 1985, 19
	BYORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
	TITLE
$(\gamma(1)) \rightarrow -$	This form is to be filed in compliance with RULE 1104.
(Signature)	i II Ibin is a teannach fan sterrigt a
Area Engineer	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
(Title)	All sections of this form must be ditted as a section of the secti
5-31-85	Fill out only generate the second
(Doie)	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 completed wells.
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