

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☒ Change in Ownership	☐ Casinthead Gas	

Other (Please explain)
Name Change Effective 7-1-85

If change of ownership give name and address of previous owner
Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Shipp (NCT-B) Cor.</i>	Well No. <i>2</i>	Pool Name, including Formation <i>Eumont Gas</i>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <i>E</i> : <i>1980</i> Feet From The <i>North</i> Line and <i>660</i> Feet From The <i>West</i>				
Line of Section <i>8</i> Township <i>19S</i> Range <i>37E</i> NMPM. <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <i>None</i>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gasinthead Gas ☐ or Dry Gas ☐ <i>Northern Natural Gas Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 308 Omaha, Nebraska 68101</i>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <i>Yes</i> When <i>Unknown</i>

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 COMPLIANCE

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.

R.D. Pate
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

AUG 28 1985

APPROVED _____, 19

BY *[Signature]*
DISTRICT 1 SUPERVISOR

TITLE _____

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 completed wells.

RECEIVED

AUG 27 1985

O.C.D.
HOBBS OFFICE