STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT				Form C-104
			~-	Revised 10-01-78 Format 06-01-83
		TION DIVISION	•	Page 1
FILE	P. O. BO	X 2088 MEXICO 87501		
	NIA FE, NEW	MEXICO 07301		
TRANSPORTER OIL				
OPERATOR GAS	REQUEST FOR	R ALLOWABLE	·	Company of the same of the same
		PORT OIL AND NATURAL O	SAS	
I				· · · · · · · · · · · · · · · · · · ·
Operator				
CHEVRON U.S.A. INC.				14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (
P. O. Box 670, Hobbs, NM 88240				
Reason(s) for filing (Check proper dox)		Other (Please expla	in)	a a mala section
New Well Change in Tro		Name Chang	e Effective	e 7−1−85
Recompletion Cil	7	y Gas	•	
X Change in Ownership Casinche				*# * -5
If change of ownership give name Gulf Oil Co	orp., P. O. E	Box 670, Hobbs, NM	88240	· · · · · · · · · · · · · · · · · · ·
and address of previous owner Gull Oll Co				s San
II. DESCRIPTION OF WELL AND LEASE	of Name, including F	primation   Kina	ol Lease	Lease No.
		17	Federal of Fee	) # (** ** ***
Location	10110 10 -		. 01	A material
F 1980 For From T	n. Mostly in	e and 1650 Fee	ot From The	est
Unit Letter : 100 Peet 710m.	···· <del></del>		0	Service Control of the Control of th
Line of Section 28 Township 195	Range 3	/E , NMPM, Z	va	County
· •	AND MATTERAL	CAS		
III. DESIGNATION OF TRANSPORTER OF OIL	enacte [	Address (Give address to white	approved copy	of this form is to be sent)
Mano.	***			
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to white	// . M.//.	10 of a later
northern Tatural De	25 CO.	Is gas actually connected?	When -	wew with
If well produces oil or liquids, Unit   Sec.	Twp. Rge.	Yes	Und	Crown
give location of tanks.				
If this production is commingled with that from any c		Five Comminging order mann		
NOTE: Complete Parts IV and V on reverse side	if necessary.			1.4
VI. CERTIFICATE OF COMPLIANCE		OIL CONS	ERVATION D	IVISION
	• • • • • • • • • • • • • • • • • • •	APPROVED AUG	9 9 1066	•
I hereby certify that the rules and regulations of the Oil Conse been complied with and that the information given is true and c	ervation Division have omplete to the best of		4 0 1303	, 19
my knowledge and belief.	•	BY	<u> </u>	277
•	•	TITLE	ISTRICT 1 SUP	ERVISOR **
$O \cap O : I$			iled in complian	ice with RULE 1104.
(X. W. Mate		If this is a request f	or allowable for	a newly drilled or deepen
(Signature)		well, this form must be a tests taken on the well	eccompanied by	a tabulation of the deviation
Area Engineer				led out completely for allo
(Title)		able on new and recomp	eted wells.	· *:
5-31-85	<del></del>	Fill out only Section well name or number, or t	ns I, II, III, en	nd VI for changes of ownerser such change of condition
(Doie)		11	-	

AUG 23 1985