STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA PE		1	
FILE		1	-
U.S.G.S.		1	1
LAND OFFICE		1	
TRANSPORTER	OIL		_
	DAS	1	
OPERATOR			
PROBATION 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

LAND OFFICE	- W MEXICO 8/301		
TRANSPORTER OIL			
OPERATOR REQUEST FOR ALLOWABLE			
PROBATION OFFICE	AND The state of t		
I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator			
CHEVRON U.S.A. INC.			
Address			
P. O. Box 670, Hobbs, NM 88240 Recson(s) for filing (Check proper box)	of the district		
New Well Change in Transporter of:	Other (Please explain)		
Becompletten	Dry Gca Name Change Effective 7-1-85		
Chance in Ownership	Dry Gas Condensate		
N about			
If change of ownership give name Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240			
and address of previous owner Out Off Colp., P. O. Box 6/0, Hobbs, NM 88240			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including	/ legae No.		
Location Industry Eumont	State, Federal or Fee Fee, "		
	1		
Unit Letter C: CCC Feet From The 2C. THL	ine and 1980 Feet From The East		
Line of Section 8 Township 205 Range	BITE NAPA TOO		
•	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS		
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
1/070	Same to		
Name of Authorized Transporter of Castagread Gas or Dry Gas	Address (Give address to which approved capy of this form is to be sent)		
Mothern Thrunk Has Co.	Del 308 Amaka noly a de Costo!		
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks.	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.			
	n ·		
VI. CERTIFICATE OF COMPLIANCE	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	APPROVED		
my knowledge and belief.	BY PARIS Sylon		
•	TITLE DISTRICT 1 SUPERVISOR		
$\Omega \cap \Omega \cdot I$			
(X. D. Pate	This form is to be filed in compliance with RULE 1104.		
If this is a request for allowable for			
Area Engineer tests taken on the well in accordance with mill with a title			
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
5-31-85 Fill out only Secretary I II and			
100187	well name or number, or transporter, or other auch change of condition.		

Separate Forms C-104 must be filed for each pool in multiply completed wells.