## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		T	
SANTA PE			
FILE			
U.S.G.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
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

Fill out only Sections I. II. III, and VI for changes of owner, il name or number, or transporter, or other such change of condition.

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

TRANSPORTER OIL REQUEST FO	R ALLOWABLE	
AND		
	PORT OIL AND NATURAL GAS	
<u>I.</u>	TORT OF ARD HATORIAE DAS	
Operator		
CHEVRON U.S.A. INC.		
Address		
P. O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Name Change Effective 7 1 05	
Recompletion Oil D	Name Change Effective 7-1-85	
X Change in Ownership Casinghead Gas C	ondensate	
If change of ownership give name Culf Oil Corp. B. O. I	Page 670 Malla NRC 00070	
and address of previous owner Gulf Oil Corp., P. O. I	Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name, Well No. Pool Name, including F	ormation Kind of Lease No.	
Morth Welsen bear Unit I Undering	ted Morrow State, Federal or Fee State	
Location		
Unit Letter 0: 1980 Feet From The East Lin	111	
Unit Letter () : 1700 Feet From The Cast Lin	ne and lolo Feet From The Houlf	
2/ - 2/2	3/c - 4	
Line of Section 2 / Township (XV) Range	SGE, NMPM, XIA, County	
THE TATCHON ATTOM OF THE CAME AND ADDRESS OF THE CAME		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL		
Name of Authorized Transporter at Cil or Condensate (Eff. 9 / 1 /87)	Address (Give address to which approved copy of this form is to be sent)	
The Marian (MAI) of the	6003/19 W/ Mand IV 7970/	
Name of Authorized Transporter of Castaghead Gas ar Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Phillips Retroleum Company	Phillips Bldg., adissa, If.	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When	
give location of tanks.	Yes 12-28-64	
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.		
11012. Complete Paris IV and V on reverse state ly necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPENSAGE		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG - 1 1985	
been complied with and that the information given is true and complete to the best of		
my knowledge and belief.	BY Plan Mexton	
	DISTRICT A CHAPPANA	
O = 0:	TITLE DISTRICT 1 SUPERVISOR	
1. H. Mate	This form is to be filed in compliance with RULE 1104.	
(Signalwa)	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	
Area Engineer  well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(Title)  All sections of this form must be filled out completely for allow		
able on new and recompleted wells.		

completed wells.

RECEVED

JUL 30 1985

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