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ENERGY AND MINERALS DEPARTMENT	
	Form C-104 Revised 10-01-78
	Format 06-01-83
SANTA PE	30X 2088 -
FICE	EW MEXICO 87501
LANO OFFICE	
TRANSPORTER	
OPERATOR REQUEST F	OR ALLOWABLE
PROMATION OFFICE	AND ISPORT 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 dax) New Well Change in Transporter of:	Other (Please explain)
	Dry Gem Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
If change of ownership give name Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
and address of previous owner Our our corper, r. o.	
II. DESCRIPTION OF WELL AND LEASE	. **
Lease Name Weil No. Pool Name, including	Formation Kind of Lease Lease
West Plan Quer Unit 164 Plan Que	en - Queen State, Federal or Fee State " E-5
Location	ine and 2635 Feel From The West
Unit Letter F : 1325 Feet From The Plante	Line and _2635 Feet From The West
time of Section 32 Township 19-5 Bange	35-E NMPM. Les
Line of Section 32 Township 17 9 Hange	35-E, NMPM, REA
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	AL GAS
Name of Authorized Transporter of Cil X or Condensate	Address (Give address to which approved copy of this form is to be sen
Shell Prophine Corp.	Box 1910 Midland, TX 79701
Name of Authorized Transporter of Casigneda Gas A of Dry Gas	Address (Give address to which approved copy of this form is to be sen
Phillips Petroleum Cong.	4001 Penbrook odesso, TX 79761
If well produces oil or liquids.	Is gas actually connected? When
give location of tanks. B 32 195 35E	-1 $-TA$
If this production is comminging with that from any other lease or poo	I, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	· · · · · · · · · · · · · · · · · · ·
NOTE: Complete Paris IV and V on reverse side of necessary.	0
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	APPROVED
I hereby certify that the rules and regulations of the Oil Conservation Division has been complied with and that the information given is true and complete to the best o	
my knowledge and belief.	BY_PIALI JUY m
	TITLE DISTRICT 1 SUPERVISOR
$ \bigcirc \frown \frown \frown \bullet \bullet $	
(Y(1)) / f	This form is to be filed in compliance with RULE 1104.
(Signasure)	If this is a request for allowable for a newly drilled or da well, this form must be accompanied by a tabulation of the da
•	I tests taken on the well in accordance with RULE 111.
Area Engineer	All sections of this form must be filled out completely for
· · ·	sole on new and recompleted wells.
	Fill out only Sections I. II. III, and VI for changes of
<u>5-31-85</u>	well name or number, or transporter, or other such changes of
<u> </u>	well name or number, or transporter, or other such change of cor
	well name or number, or transporter, or other such changes of cor Separate Forms C-104 must be filed for each pool in m completed wells.
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