STATE OF NEW MEXICO

| ENERGY AND MINERALS DEPARTMENT | |
|--|---|
| 00. ar corne sectints | Form C-104 Revised 10-01-78 |
| SANTA PE OIL CONSERV | ATION DIVISION Format 06-01-83 |
| | Page 1 |
| U.B.G.A. SANTA FE, NE | EW MEXICO 87501 |
| LAMO OFFICE | |
| THANSPORTER | |
| · | OR ALLOWABLE |
| | ISPORT OIL AND NATURAL GAS |
| L. Operator | See |
| | |
| CHEVRON U.S.A. INC. | |
| P. O. Box 670, Hobbs, NM 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well Change in Transporter of: | |
| Recompletion OII | Dry Gaa Name Change Effective 7-1-85 |
| X Change in Ownership Casinchead Gas | Condensate |
| If change of ownership give name Gulf Oil C | |
| and address of previous owner Gulf Oil Corp., P. O. | Box 670, Hobbs, NM 88240 |
| | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No., Pool Name, including | |
| The state of the s | Lease |
| Location Plant | Queen State, Federal or Fee State # E-16 |
| Unit Letter A: 1150 Feet From The Month Li | 1150 |
| Test From Individual | ine and 1/30 Feet From The Cast |
| Line of Section 3/ Township 19-5 Range | 35-E, NMPM, Lea |
| | |
| M. DESIGNATION OF TRANSPORTER OF DIL AND NATURA | L GAS |
| Name of Authorized Transporter of Cil X or Condensate | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Fransporter of Casinghed Gas [V] or Dry Gas [V] | Boy 1910, Midland 24 7970 |
| Ohilling a) to the relation of Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids. Unit Sec. Twp. Rgs. | 1900 Penturook Odisa JU 7976 |
| give location of tanks. 1 19-5 35 E | Is gas actually connected? When |
| 173 332 | |
| 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 | OIL CONSERVATION - |
| • . | 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 PARLY TON |
| | |
| 0 0 0 1 | TITLE DISTRICT 1 SUPERVISOR |
| (Y(1)) | This form is to be filed in compliance with RULE 1104. |
| N.X.Ville | If this is a request for allowable for a series and |
| (Signature) | well, this form must be accompanied by a tabulation of the devi |
| Area Engineer | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for |
| (Title) | il |

County

liled or deepened of the deviation

All sections of this form must be filled out completely for allow-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

JUL 30 1985