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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

P. O. BOX 2088

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND

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 ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinthead Gas ☐ Condensate Name Change Effective 7-1-85

If change of ownership give name and address of previous owner Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

Lease Name <i>Bell Ramsay (ACT-B)</i>	Well No. <i>2</i>	Pool Name, including Formation <i>Eumont Gas</i>	Kind of Lease <i>State</i> , Federal or Fee	Lease No.
Location				
Unit Letter <i>M</i>	: <i>660</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i> Line			
Line of Section <i>33</i>	Township <i>20S</i>	Range <i>37E</i>	. NMPM. <i>Lea</i> County	

Name of Authorized Transporter of Oil ☐ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
None						
Name of Authorized Transporter of Gaseous Gas ☐ or Dry Gas ☒					Address (Give address to which approved copy of this form is to be sent)	
Northern Natural Gas Co.					Box 308 Omaha, Nebraska 68101	
If well produces oil or liquids, give location of tanks.					Unit	Sec.
					Twp.	Rge.
					Is gas actually connected? When	
					Yes Unknown	

If this production is commingled with that from any other lease or pool, give commingling order numbers:

NOTE: Complete Parts IV and V on reverse side if necessary.

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 my knowledge and belief.

R. D. Pitre
(Signature)

Signature: _____

Title

(Date)

APPROVED AUG - 1 1985 . 19
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

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 tests taken on the well in accordance with RULE 111.

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 completed wells.

RECEIVED

JUL 30 1985

2-2-85
HOMER