

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION 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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT 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 box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)  
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

II. DESCRIPTION OF WELL AND LEASE

|                                          |                  |                                                           |                                        |           |
|------------------------------------------|------------------|-----------------------------------------------------------|----------------------------------------|-----------|
| Lease Name<br>Eunice Monument South Unit | Well No.<br>116  | Prop. Name, including Formation<br>Eunice Monument        | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit                         | Unit Letter<br>K | 1980 Feet From The South Line and 1980 Feet From The West |                                        |           |
| Line of Section<br>30                    | Township<br>20S  | Range<br>37E                                              | NMPM, Lea                              | County    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                     |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>Shell Pipeline Corp.       | Address (Give address to which approved copy of this form is to be sent)<br>Box 1910, Midland, TX 79701            |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum | Address (Give address to which approved copy of this form is to be sent)<br>4001 Pembroke Drive, Midland, TX 79701 |
| If well produces oil or liquids, give location of tanks.<br>Unit<br>M                                                               | Sec.<br>30                                                                                                         |
| Twp.<br>20S                                                                                                                         | Rge.<br>37E                                                                                                        |
| Is gas actually connected?<br>Yes                                                                                                   | When<br>Unknown                                                                                                    |

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

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. Pite  
(Signature)

Area Engineer  
(Title)

5-31-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 1985  
BY [Signature]  
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

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.

All sections of this form must be filled out completely for allowable 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 completed wells.