STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA FE		T^{T}	
PILE			
U.S.O.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB	į į	
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.	
	441 1
I.	1750
	•
Operator	4 10 mg
CHEVRON U.S.A. INC.	
	140.04
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 7-1-85	سنشمر
Recompletion CII Dry Gas	······
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 Gull Gill Golp., 1. 0. Box 070, Hobbs, Mil Golden	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name	ase No.
Vontral Ninkard ant 125 Nrinkard State, Federal or Fee "	· · ·
Location	
Unit Letter 0:554 Feet From The South Line and 2086 Feet From The Cash	
	وبعرا سيستقروا
Line of Section 28 Township 215 Range 37E NMPM, KIA	County
··	
III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	entj
Name of Authorized Transporter of CII or Condensate Address (Give address to which approved copy of this form is to be s	encj Lacyboli,
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be s Name of Authorized Transporter of Castaghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be s	ent)
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Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be a Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a Tinit Sec. Two. Rae. Is the granging the copy of this form is to be a	isessed in
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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.

•	Q.D.Pite	
	(Signature)	
	Area Engineer	
	(Title)	

(Date)

OIL CONSERVATION DIVISION

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 filled for completed wells.

RECEIVED

AUG 2 0 1985 O.C.D. HOBBS OFFICE