STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

[X] 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 _Eunice King_

Well No. _3_

Pool Name, Including Formation _Penrose Skelly_

Kind of Lease State, Federal or (Fee)

Lease No.

Location

Unit Letter _F_ ; _1980_ Feet From The _North_ Line and _1980_ Feet From The _West_

Line of Section _28_   Township _21S_   Range _37E_ , NMPM. _Lea_   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ] _Shell Pipeline Corp._

Address (Give address to which approved copy of this form is to be sent) _Box 1910 Midland, TX 79701_

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ] _Warren Petroleum_

Address (Give address to which approved copy of this form is to be sent) _Box 1589, Tulsa, OK 74100_

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.
_F_	_28_	_21S_	_37E_

Is gas actually connected? _Yes_

When _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.Pate
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY _____

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.