| and the second of the second o | . <u> </u>                   |                                       |                               |   |
|--|------------------------------|---------------------------------------|-------------------------------|---|
| 10 of Lavies acceives  | •• • • •                     | CONSERVATION                          | ON DIVISION                   |   |
| DISTRIBUTION   |                              |                                       |                               | _   |
| ANTAFE   | -                            | P. O. BOX 20                          |                               | Form C-103 -                              |
| 114  | ⊣ SAN                        | NTA FE, NEW ME                        | XICO 87501                    | Revised 10-1-7                            |
| 1.1.3.1.   | <del>-</del>                 |                                       |                               | Sa. Indicate Type of Lease                |
| AND OFFICE   | <b>-</b>                     |                                       |                               |   |
| PERATOR  | -{                           |                                       |                               |   |
|  |                              |                                       |                               | 5. State Oll & Gas Lease No.              |
| SUND<br>(DO HOT USE THIS FORM FOR PI<br>USE "APPLICA   | RY NOTICES AND               | REPORTS ON WELL                       | LS<br>DA DIPPERENT RESERVOIR. |   |
| LL X WELL  | OTXER-                       |                                       |                               | 7. Unit Agreement Name                    |
| at Operator  |                              |                                       | <del></del>                   | 8. Form or Lease Name                     |
| Chevron U.S.A. I   | nc.                          | •                                     |                               | Eunice King                               |
| ess of Operator  |                              | · · · · · · · · · · · · · · · · · · · |                               | 9. Weil No.                               |
| P. O. Box 670, He  | obbs, NM 88240               | <br>)                                 |                               | 7   |
| G G  |                              |                                       | 1980                          | 10. Floid and Pool, or Wildest<br>Paddock |
| East   | 28                           | 21S                                   | 37E .                         |   |
|  |                              | ion (Show whesher OF, R<br>47' GL     | T, GR, etc.)                  | 12. County<br>Lea                         |
| Check  | Appropriate Box NTENTION TO: | To Indicate Nature                    | of Notice, Report of subseq   | UENT REPORT OF:                           |

OTHER \_\_\_\_

crime Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed s) SEE RULE 1103.

Add perforations 5060 - 5243. Acidize as necessary. Return to production.

| Dug XX alvo                   | Staff Drilling Engineer | 3-23-1987    |
|-------------------------------|-------------------------|--------------|
| DRIGINAL SIGNED BY JERRY SEXT | )N                      | MAR 2 5 1987 |

May of the state o

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 ............................... Revised 10-01-78 DISTRIBUTION Format 06-01-83 OIL CONSERVATION DIVISION BANTA PE Page 1 P. O. BOX 2088 FILE U.S.G.A SANTA FE, NEW MEXICO 87501 LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE OPERATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator CHEVRON U.S. Box 670. 88240 Hobbs Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Name Change Effective 7-1-85 CII Dry Gas 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. II. DESCRIPTION OF WELL Well No. Kind of Legac State, Federal of Fee Location III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit ( or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corp Box 1910 Midland TX 79701

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

or Dry Gas [

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

## VI. CERTIFICATE OF COMPLIANCE

Warren Petr.

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

Name of Authorized Transporter of Castaghead Gas (

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.

Linux

| R. D. Pite    | • |
|---------------|---|
| (Signalure)   |   |
| Area Engineer |   |
| (Title)       |   |

5-31-85

Address (Give address to which approved copy of this form is to be sent)

Box 1589 Tulsa, OK 74100

is gas actually connected?

| OIL CONSER | AUG 1 3 1985      | v        |
|------------|-------------------|----------|
| BY JAREN,  | 124 ton           | <u>-</u> |
| TITLE DIST | RICT 1 SUPERVISOR | -        |
| :/         |                   |          |

100

Lease No.

ارومانيندون. الارمانيندون.

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

If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation 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. il 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.