STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 06-01-83 DISTRIBUTION OIL CONSERVATION DIVISION Page 1 SANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.S.G.S. LAND DEFICE TRANSPORTER GAS REQUEST FOR ALLOWABLE OPERATOR AND PRORATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator CHEVRON U.S.A. INC Address P. O. Box 670, Hobbs. Reason(s) for filing (Check proper dox) Other (Please explain) New Well Change in Transporter of Name Change Effective 7-1-85 CH Dry Gas Recompletion Condensate Change in Ownership Casinghead Gas 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_AND_LEASE ell No. i Pool Name, including Formation Kind of Lease Lease Name State, Federal or Fee Location NMPM. Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is in he sent) Name of Authorized Transporter of Cil

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

or Dry Gas

Rge.

Is gas

VI. CERTIFICATE OF COMPLIANCE

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

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.

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

iporter of Castagneda Vas

(Signature) Area Engineer

5-31-85

(Date)

(Title)

OIL CONSERVATION DIVISION

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APPROVED BY DISTRICT 1 SUPERVISOR

approved copy of this form is to be sent)

Legse No.

County

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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, ell 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.