

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.A.	
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  
Formal 05-01-83  
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  
☐ 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: Central Drinkard Unit 119 Well No.: 119 Pool Name, including Formation: Drinkard Kind of Lease: State, Federal or Fee Lease No.:

Location  
 Unit Letter I : 2160 Feet From The South Line and 330 Feet From The East Line of Section 30 Township 21S Range 37E , NMPM, Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☐ or Condensate ☐  
W1  
 Address (Give address to which approved copy of this form is to be sent)  
 Name of Authorized Transporter of Casinthead Gas ☐ or Dry Gas ☐  
 Address (Give address to which approved copy of this form is to be sent)  
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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 AUG 20 1985, 19\_\_\_\_  
 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 filled for each pool in multiply completed wells.

RECEIVED

AUG 20 1985

O.C.D.  
HOBBS OFFICE