## STATE OF NEW MEXICO

ENCHOT AND MINERALS DEPARTMENT		
00. 00 cobigs acceives		
DISTRIBUTION		
	. OIL CONSERVATION DIVISION	
	P. O. BOX 2088	
SANTA FE, N	EW MEXICO 87501	
TRANSPORTER DAS DAS		
OPERATOR REQUEST	FOR ALLOWABLE	
PRORATION OFFICE	AND .	
AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	
Operator		
CURVE		
CHEVRON U.S.A. INC.		
Address		
P. O. Box 670, Hobbs, VM 88240		
Reason(s) for filing (Check proper box)	Other (Please ex	
New Well Change in Transporter of:	Other (Flease ex	
Recompletion Cil	Name Cha	
	Dry Gas	
Casinghead Gas	Condensate	
If change of ownership give name Gulf Odl o		
and address of previous owner Gulf Oil Corp., P. O.	Box 670. Hobbs NM	
	, 110003; NH	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name   Well No.   Pool Name, including	Formation   Kin	
Central Krinkard Unit 136 Orinkara	,	
Location Location	Sta	
1/ 1000	•	
Unit Letter H: 1980 Feet From The North	Ine and <u>330</u> F	
	-	
Line of Section 3/ Township 2/3 Range	378 , NMPM,	
TV Droves		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	VI. GAS	
Name of Authorized Transporter of CII To Condensate	Angioss (Give address to wh	
Lyris Tew Merico Ripeline	RM1 3570 11	
Name of Authorized Transporter of Castaghed Gas Y or Dry Gas	Address (Give address to wh	
Warren Poth Oliver	Address (Give address to wh	
If well products oil or liquide Unit   Sec.   Two.   Rge.	10x 1389 Mil	
its matt broadcas off of liddids'	is gas actually connected?	
- Ja , 218 377	- Ville	
If this production is commingled with that from any other lease or pool	give commingling order	
	. gove comminging order num	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI CERTIFICATE OF COMMUNICE	11	
VI. CERTIFICATE OF COMPLIANCE	OIL CONS	
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	APPROVED	
my knowledge and belief.	1 04 (/ 01811	
	BY ALL	
	TITLE DI	
$(\mathcal{O} \cap \mathcal{O})$		
(X(1)/L) = 1	This form is to be fi	
v. d. v sue	If this is a request for	
(Signature)	well, this form must be a	
Area Engineer	tests taken on the well i	

(Title)

(Date)

Form C-104 Revised 10-01-78 Format 06-01-83

Legse No.

County

## ATION DIVISION OX 2088 W MEXICO 87501

Other (Please explain)

Name Change Effective 7-1-85

88240

State, Federal or Fee

Kind of Lease

R ALLOWABLE ND PORT OIL AND NATURAL GAS

Yes	4-24-69	
give commingling of	order number:	
	2011	
APPROVED	L CONSERVATION DIVISION AUG 1 3 1985	
( / -	18en Soy ton	9
ΤΙΤΙΕ	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.