STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	•
** ** . ** ****** ***********	Form C-104
DISTRIBUTION	Revised 10-01-78 • Formal 06-01-83 • **
· /	Page 1
F. O.	BOX 2088
LAND OFFICE	EW MEXICO 87501
TRANSPORTER OIL	Section 1995 Annual Control of the C
OPERATOR REQUEST F	OR ALLOWABLE
PROPATION OFFICE	AND
	NSPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	- Comment
the second secon	
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper dox)	
New Well Change in Transporter of:	Other (Please explain)
Recompletion Cil	Dry Cas Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Dry Gas Condensate
	Concension
If change of ownership give name Gulf Oil Corp., P. O. and address of previous owner	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	Line Control of the C
Lease Name Well No. Page Name, including	Foundation Kind of Lease A Lease No.
Location Location	Skelly State, Federal of Fee Jel "
$\Lambda$ $\Lambda$	
Unit Letter A: 660 Feet From The Stuty L	ine and 660 Feet From The East
Line of Section 32 Township 2/5 Range	37F P
Hange	5/2, NMPM, Jean County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	J GAS
Rame of Authorited : ransporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp	Box 1910 Midland TX 79701
Name of Authorized Transporter of Castagnead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petr.	Box 1589 Tulsa, OK 74100
If well produces oil or liquids, Unit Sec. Twp. Rqs. que location of tanks.	Is gas actually connected? When
1/100 0/20/0	ges : Unknown
If this production is commingled with that from any other lease or pool,	give commengling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
	n · · · · · · · · · · · · · · · · · · ·
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	Miles and the second se
een complied with and that the information given is true and complete to the best of my knowledge and belief.	19
-y Enomitage and benefit.	BY PARLA MAY TOO
	TITLE DISTRICT 1 SUPERVISOR
$(\mathcal{V} \cap \mathcal{O})$ .	
U. Y. Vite	This form is to be filed in compliance with RULE 1104.
(Signature)	weil, this form must be accommediate for a newly drilled or deepened
Area Engineer	tests taken on the well in accordance with all of the deviation
(Title)	All sections of this form must be fitted and
5-31-85	able 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

(Date)