

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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 ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Castinthead Gas ☐ Condensate

☒ Change in Ownership

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 156 Well No. Drinkard Kind of Lease State, Federal or Fee Lease No.

Location

Unit Letter 0 : 589 Feet From The South Line and 1909 Feet From The East

Line of Section 33 Township 21S Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240

Name of Authorized Transporter of Castinthead Gas ☐ or Dry Gas ☐

Warren Petroleum Address (Give address to which approved copy of this form is to be sent) Box 3000, Tulsa, OK 74102

Box 1589, Tulsa, OK 74100

If well produces oil or liquids, give location of tanks. Unit L Sec. 33 Twp. 21S Rge. 37E Is gas actually connected? yes When Unknown

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. Pite  
(Signature)

Area Engineer  
(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 1 1985 19

BY James A. Smith

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 filed for each pool in multiply completed wells.

RECEIVED

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