STATE OF NEW MEXICO

(Title)

(Date)

5-31-85

ENERGY AND MINERALS DEPARTMENT	
	Form C-104
DISTRIBUTION	Revised 10-01-78
LANTARE OIL CONSER'	VATION DIVISION . Format 06-01-83
	BOX 2088
U.S.O.S. SANTA FE. N	EW MEXICO 87501
LAND OFFICE	
TRAMIPORTER OIL	•
OPERATOR REQUEST I	FOR ALLOWABLE
PROBATION OFFICE	AND
AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GAS
· 	TO ORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	
Address	
P 0 P (70 7)	
P. O. Box 670, Hobbs, VM 88240 Recson(s) for tiling (Check proper aox)	
	Other (Please explain)
New Well Change in Transporter of:	
Recompletion Cil	Dry Gas Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
	Controllistic
If change of ownership give name Coll Coll Coll	
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including	Formation Kind or Lease
H.T. Orcutt NCT-H 1 Monument	
Location	Surre fall "
F 1000	•
Unit Letter =: 1980 Feet From The North	ine and 660 Feet From The West
11	0
Line of Section / Township 20 5 Range	37E, NMPM, Lea
•••	
Mane of Authorized Juneporter of Cit or Condensate	AT CAS
None of Authorized Fransporter of Cil or Condensate	Aggress (Give address to which approved copy of this form is to be
Mill Kinching Cons	ROUL 10 10 10 10 10 10 10 10 10 10 10 10 10
Name of Authorized Transporter of Castagneed Cas / or Cay Con The	1910 Midland 34 79
Well distributed	Address (Give address to which approved copy of this form is to be
Marrin Pelrolelim	1000 1589. 21 Can AD 74100
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When
give location of tanks. E 11 205.376	
	(MKMQUV)
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.	
- Total in the same is the sam	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DO VICE
• •	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVEDAUG - 1 1985
been complied with and that the information given is true and complete to the best of	, 19,
my knowledge and belief.	BY P1821 124 /
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
•	TITLE DISTRICT 1 SUPERVISOR
$(\cdot) \cap (\cdot)$	
11 (1) (1) 1 -	This form is to be filed in compliance with RULE 110
N.X.V	If this is a feminar for affactable for a
(Signature)	If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the
4 · · · · · · · · · · · · · · · · · · ·	Il tears taken on the sould be appeared by a (abutation of the

frilled or deepened on of the deviation well in accordance with RULE 111.

County

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, end 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