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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		
W. of torus estence	Form C	-104
DISTRUCTION		10-01-78 * 06-01-83
	Page 1	00-01-83
		• • •
LAND OFFICE	EW MEXICO 87501	· .
TRANSPORTER OIL		• •
OPERATOR REQUEST F	OR ALLOWABLE	
PROMATION OFFICE	AND The second s	
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	
Opirator		
CHEVRON U.S.A. INC.		• • • • • • •
Address		
P. O. Box 670, Hobbs, NM 88240 Recson(s) for filing (Check proper box)		1 2 2 4 4 1
New Well Change in Transporter of:	Other (Please explain)	
Recompletion Cil	Dry Game Change Effective 7-1-8	5
X Change in Ownership Casinghead Gas	Condensate	
If change of ownership give name Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240	·
	, 1000, MI 00240	
I. DESCRIPTION OF WELL AND LEASE		· • · ·
IT mattols y (INT-F) II Rigally		Lease No.
Location	LL State, Federal or fee	"
Unit Lotter B: 660 Feet From The Mathi	ine and 16.50 Feet From The East	
Line of Section Township 325 Bange	3/2E may frag	er de nne geg Jerrene
	JUC, NMPM, BERI	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS	
Name of Authorized Transporter of Cil or Condensate	Asaress (Give address to which approved copy of this form i	s to be sent)
Name of Authorized Transporter of Castagreed Gas (7) of Dry Gas	Der 2528 Ablus NM 8	8240
Name of Authorized Transporter of Castagread Gas I or Dry Gas	Address (Give address to which approved copy of this form i	s to be sent)
If well produces oil or liquide. Unit Sec. Twp. 'Rge.	Bey 1589 Julsa ok 7.	4100
If well produces oil or liquide, the produces oil or liquide, the produces of tanks.	The state of the s	
If this production is commingled with that from any other lease or pool,		900 - H. (192)
		-
NOTE: Complete Parts IV and V on reverse side if necessary.	*	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
•		
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	APPROVED AUGI U1985	10
my knowledge and belief.	BY PIREN Joy	
	11 productions!	
$ O \cap O $	TITLE DISTRICT 1 SUPERVISOR	
$(Y(D)) \neq f$	This form is to be filed in compliance with RUL	,
(Signalwa)		
Area Engineer	well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE to	of the deviation
(Title)	All sections of this form must be fits a	1.
5-31-85		
(Date)	Fill out only Sections I. II. III, and VI for the well name or number, or transporter, or other such that	nges of owner
	well name or number, or transporter, or other such chan Separate Forms C-104 must be filed for each p comoleted wells.	
	completed wells.	ool in multiply
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