

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CHEVRON U.S.A. INC.</b>		
Address <b>P. O. Box 670, Hobbs, NM 88240</b>		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	Name Change Effective 7-1-85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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 <b>Central Drinkard Unit</b>	Well No. <b>403</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location Unit Letter <b>m</b> : <b>330</b> Feet From The <b>South</b> Line and <b>1305</b> Feet From The <b>West</b> Line of Section <b>33</b> Township <b>21S</b> Range <b>37E</b> NMPM, <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Julsa New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2528 Hobbs NM 88240</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589 Julsa OK 74108</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>NW14</b>	Sec. <b>33</b>	Twp. <b>21S</b>	Rge. <b>37E</b>
	Is gas actually connected?		When <b>4-12-76</b>	

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. Pith**  
(Signature)

Area Engineer  
(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 1 1985**, 19  
BY **[Signature]**  
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.