STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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RECUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CHEVRON U.S.A. INC. AGGRESS P. O. BOX 570, Hobbs. NM 88240 Recomplistic filing (Chee paper cas) County file change of ownership give name and saddress of previous owner cash cash for the control of	P.O. U.S.O.S. SANTA FE. N	VATION DIVISION Format 06-01-83 BOX 2088 EW MEXICO 87501
CHEVRON U.S.A. INC. Address P. O. Box 570. Hobbs NM 88340 Research for thing (Check proper oat) Name Change Effective 7-1-85 Change in Gunerathip Commercial Comm	PROBATION OFFICE AUTHORIZATION TO TRAI	AND The second s
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If change in Ownership If change of ownership give name and address of previous owner Gulf Oil Cord., P. O. Box 670, Hobbs, NM 88240 II. DISCIPPION OF WEH AND LEASE Lease name Central Dunkard that 417 Dunkard Location Unit Letter K : 1485 Feet From The South Line and 1385 Feet From The Wood Line of Section 28 Township 21-5 Range 37-6, NVPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Rate oil Authorised Transporter of Cit. of Condensatio South South 1910 Maland 10 1910 Name oil Authorised Transporter of Cestionneed One of Condensatio South 1910 Maland 10 1910 If well produces oil or liquide, Unit Sec. Typ. Ray. Is gas actually connected? III well produces oil or liquide, Unit Sec. Typ. Ray. Is gas actually connected? III well produces oil or liquide, Unit Sec. Typ. Ray. Is gas actually connected? If well produces oil or liquide, Unit Sec. Typ. Ray. Is gas actually connected? III will produce oil or liquide, Unit Sec. Typ. Ray. Is gas actually connected? III well 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 Control of the cit of the cit of the best of the cit of the best of the pool of the cit of the best of the pool of the cit of the cit of the best of the pool of the cit of the cit of the best of the pool of the cit of the cit of the best of the pool of the cit of the cit of the best of the pool of the cit of the cit of the best of the pool of the cit of the cit of the best of the pool of the cit of the cit of the cit of the best of the pool of the cit	Reason(s) for filing (Check proper cox) New Well Change in Transporter of:	Other (Please explain)
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Name of Authorized Transporter of Casinghead Gas or City Gas Address (Give address to which approved copy of this form is to be sent) Nathin Pitt Mollom If well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? Whyn give location of tanks. If this production is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPILANCE 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. By Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of thi	III. DESIGNATION OF TRANSPORTER OF OUL AND NATURA	IL GAS
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	hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED HUG I 3 1985
This form is to be filed in compliance with RULE 1104	RDP:+	TITLE DISTRICT 1 SUPERVISOR

(Signalwa)

Area Engineer (Tille)

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