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STATE OF NEW MEXICO	•	
ENERGY AND MINERALS DEPARTMENT		
* ** ** COPIES SECTIONS	Form C-104 Revised 10-01-78	•
SANTA PE OIL CONSERV	ATION DIVISION . Format 06-01-83	
	OX 2088 .	
LAMO OFFICE	W MEXICO 87501	
TRANSPORTER OIL		
	OR ALLOWABLE	
PROMATION OFFICE	AND	707
I. AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS	रक्ता,
Operator		,
CHEVRON U.S.A. INC.		
	212	. ાઝને
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	1	
Recompletion Cil	Name Change Effective 7-1-85	7
X Change in Ownership Casinghead Gas C	Condensate	
If change of ownership give name Cult Cult		
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE		
Marso Name 1 , Mary   Well No.   Pool Viame, including F	ormation Kind of Lease	ase No.
Contral Stendard 432 A Stenda	State, Federal or fee / 17	
Location ///	12-0	100 4 5 7 7
Unit Letter : Feet From The Little Lir	ne and Feet From The	· · · · · · · · · · · · · · · · · · ·
Line of Section 29 Township 2/5 Range	37F NMPM SIA	1-2
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS	-7-2 -1
Name of Authorized gainsporter of Cil EOTT of Capanasia	Address (Give address to which approved copy of this form is to be se	int)
Name at Authorized Transporter of Casinghed Cas or Dry Chs	Address (Give address to watch approved copy of this form is to be	0/
Wathen) Petroleum	RAV. 1509 2 122 AB 71/100	intj
If well produces oil or liquids, Unit   Sec.   Twp.   Rgs.	Is gas getually connected? When	
give location of tanks.	141 es 3-22-80	
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.		
	0, 20, 25, 4, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG 1-3 100E	•-
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY PARLY 199	
<i>,</i>	DISTRICT A CURRENT	<del></del>
(Y(1))	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for allowable for a new total	
Area Engineer	well, this form must be accompanied by a tabulation of the disease taken on the well in accordance with RULE 111.	
(Title)	All sections of this form must be filled out completely fo able on new and recompleted wells.	r allow-
5-31-85	Fill out only Sections ! If IT and UT for changes at	
(Daie)	more name of named to the name of co	mdition
. vers	Separate Forms C-104 must be filed for each pool in completed wells.	multiply
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St. State Control of the Control of		