

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CHEVRON U.S.A. INC.		
Address P. O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
☐ New Well	☐ Oil	Change Lease Name and Well Number from: <i>Wallace State #2</i>
☐ Recompletion	☐ Dry Gas	
☒ Change in Ownership	☐ Casinghead Gas	
☐ Condensate		

If change of ownership give name and address of previous owner *The Tex*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South Unit	Well No. Pool Name, including Formation <i>207 Eunice Monument</i>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <i>L</i> : <i>4620</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i> Line of Section <i>3</i> Township <i>21S</i> Range <i>36E</i> , NMPM, <i>Lea</i> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<i>TA</i>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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. Pite
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 2 - 1985

BY

TITLE

DISTRICT 1 SUPERVISOR

This form is to be filled 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 filled for each pool in multiply completed wells.

RECEIVED

OCT -1 1985

G.C.D.
HOBBS OFFICE