

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| PRODUCTION 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

I. Operator

CHEVRON U.S.A. INC.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well

☐ Recompletion

☒ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinthead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

Change Lease Name and Well Number from:

J. A. Atkins #2

If change of ownership give name and address of previous owner

Sun

II. DESCRIPTION OF WELL AND LEASE

|                            |                 |                                |                       |               |
|----------------------------|-----------------|--------------------------------|-----------------------|---------------|
| Lease Name                 | Well No.        | Pool Name, including Formation | Kind of Lease         | Lease No.     |
| Eunice Monument South Unit | 263             | Eunice Monument                | State, Federal or Fee |               |
| Location                   | Unit Letter     | Feet From The                  | Line and              | Feet From The |
|                            | V               | 660                            | South                 | 1980          |
|                            | Line of Section | Township                       | Range                 | County        |
|                            | 3               | 21S                            | 36E                   | Lea           |

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) |
| TA                                                       |               |                                                                          |
| Name of Authorized Transporter of Casinthead 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.          | Rgs.                                                                     |
|                                                          |               |                                                                          |
| 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 J. A. Atkins  
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.

RECEIVED

OCT -1 1985

O.C.D.  
HOBBS OFFICE