STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
DISTRIBUTION COLORS	Revised 10:01:78 * Format 06:01:83
SANTA PE	VAITON DIVISION Page 1
	BOX 2088
LAND OFFICE	EW MEXICO 87501
TRANSPORTER OIL	and the second s
OPERATOR REQUEST	FOR ALLOWABLE
PROBATION OFFICE	AND
I. AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	
Address	
P. O. Box 670, Hobbs, NM 88240	्रमे ल १४१ क्यू = १
Reason(s) for filing (Check proper cox)	Other (Please explain)
New Well Change in Transporter of:	Name Change Effective 7-1-85
Recompletion OII	Dry Gas
X Change in Ownership Casinghead Gas	Condensate
If change of ownership give name Cult 0:1 0	
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
T DESCRIPTION OF WELL LAD LEVER	
II. DESCRIPTION OF WELL AND LEASE [Lease Name Well No. Popl Name, including	q r'ormation / King of Lease No.
V1 1 1 1 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nonument State Federal or Fee "
Location Tinit	CO NECT.
14 330 day th	kine and 23/0 Feet From The East
Unit Letter VV :	
Line of Section 4 Township 2/5 Range	36E, NMPM, Lea County
	- Land
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	AL GAS
Name of Authorized Transporter of Cil or Condensate	Access (Give address to which approved copy of this form is to be sent)
arco Pipeline Co.	DOL 1190 Midland 21 79702
Name of Authorized Transporter of Castagnead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Marien recrocum	194 1589 Julisa 02 74100
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? when 7/4 /
give location of tanks.	a yes unexoun
If this production is commingied with that from any other lesse or por	ol, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division ha	APPROVED AITH 1005
been complied with and that the information given is true and complete to the best	of 19, 19
my knowledge and belief.	BY PARLA AND TON
	TITLE DISTRICT 1 SUPERVISOR
O(O(1))	
(X. V. Pate	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accompanied by
Area Engineer	I The same of the water III accordance with MALE 111
(Title)	All sections of this form must be filled out completely
5-31-85	The same state of the same sta
(Date)	Fill out only Sections 1, 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
	il completed wells.

a C-104 must _____ r each pool in multiply