STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104
	Revised 10-01-78
BANTA PE OIL CONSERV	VATION DIVISION Page 1
P.O.E	BOX 2088
U.S.G.A. SANTA FE, NE	EW MEXICO 87501
LAND OFFICE	· · · · · · · · · · · · · · · · · · ·
TRANSPORTER	OR ALLOWABLE
or anatom	AND
AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS
L. Operator	
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	
P. O. Box 670, Hobbs, NM 88240 Reoson(s) for filing (Check proper cox)	Other (Please explain)
New Well Change in Transporter of:	
	Dry Gam Name Change Effective 7-1-85
	Condensate
If change of ownership give name Gulf Oil Corp., P. O.	Box 670 Hobbo NV 992/0
and address of previous ownerGuil Oli Colp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including	
Eunice Monument Jouth 252 Eunice M	Onurrent (State, Federal or Fee "
"Location Unit	
Unit Levier W: 660 Feer From The SUTTRE	ine and 1980 Feel From The CO st
Line of Section (Township 2/2 Range	36E, NMPM, LOA County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	IL GAS
Name of Authorized Transporter of Cil Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas in or Dry Gas	Ball 1910, Maland 34 79701
Name of Authorized Transporter of Casingnead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
The section of the liquide Unit Sec. Twp. Ree.	4001 Panturook Valen JU 19761.
If well produces oil or liquids, give location of tanks.	A Up 1 The Man The Man The
If this production is commingied 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	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	AUG 1 4 1985
been complied with and that the information given is true and complete to the best of	, 19, 19
my knowledge and belief.	BY PARLA May Tan,
	TITLE DISTRICT 1 SUPERVISOR
() P to	This form is to be filed in compliance with RULE 1104.
(Signature)	II If this is a request for allocable for a line of the second se
Area Engineer	tests taken on the well in accordance with BULE its
(Title)	All sections of this form must be fitted autoempty in a
5-31-85	
(Date)	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 - total
l l	completed wells.
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