## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	O#	Т	T
SANTA FE		$\top$	1
FILE		1	
U.S.G.4.			
LAND OFFICE		1	
TRANSPORTER	OIL	Ī	
	DAS		
OPERATOR			
PROBATION 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

OPERATOR REQUEST FO	R ALLOWABLE	
PROPATION OFFICE AUTHORIZATION TO TRANS	ND PORT OIL AND NATURAL GAS	
l.	· 1 / 1/2 /	
Operator		
CHEVRON U.S.A. INC.	<u> </u>	
Address		
P. O. Box 670, Hobbs, NM 88240		
Reason(s) for tiling (Check proper cox)	Other (Please explain)	
New Well Change in Transporter of:	Name Change Effective 7-1-85	
	., 642	
X Change in Ownership Casinghead Gas C	ondensate	
If change of ownership give name Cults Oct Commun.		
and address of previous owner Gulf Oil Corp., P. O. I	Box 6/0, Hobbs, NM 88240	
T DECEMBER OF WELL AND LEACE		
II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Popl Name, including F	ormation / Kind of Lease	
	nununt (State, Federal or Fee, B-244)	
Location ) Unit		
Unit Letter : 3300 Feet From The SOUTK Lin	e and 660 Feet From The East	
/ 215	215	
Line of Section 6 Township 🔀 / S Range	SOE, NMPM, LOO. County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Still Pipiline Corp.	Bel 1910, Midlond 24 79701	
Name of Authorized Fransporer of Casingnead Gas or Dry Gas	Address (Give address to watch approved copy of this form is to be sent)	
Phillips Heroleum	4001 Hintwook Odissa IU 79761	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Ja gas actually connected? When 7/ h man 1 1 1 1	
If this production is commingled with that from any other lease or pool,	yes Unknown	
· ·	give comminging order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
	AUG 1 4 1985 "	
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	APPROVED	
my knowledge and belief.		
·	7	
	TITLE DISTRICT I SUPERVISOR	

Fareter Section	R. D. Pite	•
	(Signature)	
	Area Fuginoer	

(Title)

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 auch change of condition. Separate Forms C-104 must be filed for each pool in multiply

completed wells.