ENERGY NO MINERALS DEPARTMENT		
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0.000	ERVATION DIVISION .	Revised 10-01-78 Format 06-01-83
700,000	O. BOX 2088	Page 1
 . ! ! !	NEW MEXICO 87501	•
LAND OFFICE	. NEW MEXICO 87501	
TRANSPORTER OIL		, ::
PERSON RECUE	ST FOR Progression	· · · · · · · · · · · · · · · · · · ·
PROMATION OFFICE	AND 1	19
AUTHORIZATION TO T	TRANSPORT OIL AND NATURAL GAS	
Operator		
CHEVRON U.S.A. INC.		
Address		
P O Boy 670 Walla NY 20040		
P. O. Box 670, Hobbs, NM 88240 Resson(s) for filing (Check proper box)	Citer (Please expiain)	
New Well Change in Transporter of:	, ,	
Recompletion - Cil	Change Lease Name and	Well Number from:
X Change in Ownership Casinghead Gas	Condensate S. L. Houston #	- /
	A.D. HOUSUN #	
If change of ownership give name		
and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Inch	uding Formation Kind of Lease	Ledee No.
Eunice Monument South Unit 293 Cunic	(1) MORIONO A State, Federal of Fee	E Court No.
Location	1.	<u>-</u>
Unit Letter H : 1980 Feet From The MOST	Mile and 660 Feet From The Ed	1
· · · · · · · · · · · · · · · · · · ·	rest for the CEE	
Line of Section 7 Township 2/S Range	36E NUPM. Lea	County
·		County
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT	URAL GAS	
Name of Authorized Transporter of CII or Condensate	Addies (Give address to which approved copy of	this form is to be sent)
TA		
Name of Authorized Taneparter of Castagned Castagned Castagned or Cry Gastagned	Address (Give address to maich approved copy of	this form is to be sent!
• • • • • • • • • • • • • • • • • • •	·	
If well produces oil or liquids, Unit Sec. Twp. R	qe. Is gas actually connected? When	
give location of tanks.	•	
f this production is commingles with that from any other lease or	pool, give commingling order number:	
Service of the servic		· · · · · · · · · · · · · · · · · · ·
NOTE: Complete Parts IV and V on reverse side if necessary.	•	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIV	"C!O.
• • •	11 0 00T 0 400F	ISIUN
hereby certify that the rules and regulations of the Oil Conservation Division	have APPROVED UU 2 985	
een complied with and that the information given is true and complete to the bay knowledge and belief.		
y mountage and benefit the state of the stat		19.
No.	TITLE DISTRICT 1 SUPES	RVISOR
KDPt	This form is to be filed in compliance	WITH RULE 1104.
(Signature)	If this is a tenuest for allowable for a	
Area Engineer	well, this form must be accompanied by a t tests taken on the well in accordance with	
(Title)	All sections of this form must be filled	Out completely
5 21 25	able on new and recompleted walls.	Tor allow

Fill out only Sections I. II. III, and VI for changes of owner, reli 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.