STATE OF NEW MEXICO	•		-
ENERGY AND MINERALS DEPARTMENT		_* For	m C-104
	ATION DIVISION		rsed 10-01-78 ** met 06-01-83
· C==	IOX 2088	Pag	••
· }	EW MEXICO 87501		•
TRANSPORTER GAS			
OPERATOR REQUEST F	OR ALLOWABLE	•• •••	
AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS		4
Operator	- TOTAL ON THE ONE		and the second second second
CHEVRON U.S.A. INC.			11 (1 mag)
P. O. Box 670, Hobbs, NM 88240			ingerit A
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Name Change	Effective 7-1	00
		priective /-I	05
Casinghed Cas	Condensare		• •
If change of ownership give name Gulf Oil Corp., P. O. and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 8	8240	**
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No., Papi Name, including	-#- 1,342.5		Lease No.
Location Then ment Scitte 324 Clinice In	onument State. For	ieral or Fee	P .
Unit Letter J: 1980 Feet From The South	ne and 1980 Feet Fr	on The East	
Line of Section 8 Township 2/5 Range	36E . NMPM, X	ea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	I CAS		
Name of Authorized Transporter of Cit or Congenecte	Agaress (Give address to which ap	proved copy of this fo	rm is to be sent]
Arco Pepellaci Co.	Bex 1190 Mia	Carda	19902
Mamo of Authorized Transparter of Castagneed Gas in at Dry Castopora	Address (Give address to which ap	proved copy of this for	rm is to be sent;
If well produces oil or liquide. Unit Section Produces of or liquide.	Is gas actually connected?	When when	3474761
give location of lanes. J 8 2/5:36E	yes	Unk	rown
If this production is commingied with that from any other lesse or pool,	give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.	•		
VI. CERTIFICATE OF COMPLIANCE	Oil CONSERV	ATION ON HOUSE	
• •	II. A Aliona	ATION DIVISION	V
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_AUG	1985	, 19
my knowledge and belief.	BY PARLA .	124/200	
	TITLE DISTRI	CT 1 SUPERVISO	\p
\mathcal{L}			
1. d. Ville	This form is to be filed to If this is a request for all well, this form must be accom-		
Area Engineer	well, this form must be accommissed taken on the well in accommissions.	panied by a tabulat	drilled or deepened
(Tille)	All sections of this form .	nust be filled out or	
5-31-85	,		•
(Date)	Fill out only Sections I. well name or number, or transpo	were arrest socut c	changes of owner.
	Separate Forms C-104 mu completed wells.	at be filed for eac	ch pool in a ply
	Colorad Matter		
			35. 4777
		A Array of the Arr	···

RECEIVED

AUG 29 1985 O.C.D. HOBBS OFFICE