	STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT
	40. 40 (00110 011(1110
	DISTRIBUTION
	BANTA FE
	FILE
	U.S.a.s.
	LAND OFFICE
•	TRANSPORTER OIL
-	OPERATOR
	PROPATION OFFICE
	I. AU
	Operator
	Gunum ave en e
	CHEVRON U.S.A. INC.
	P O Box 670 Hobbs NW
.	P. O. Box 670, Hobbs, NM Reason(s) for filing (Check proper aox)
	New Asil
	Recompletion
	X Change in Ownership
	[24] Change in Owner ship
ı	A Change in Ownership
	If change of ownership give name Gulf
	If change of ownership give name Gulf
	If change of ownership give name Culf
	If change of ownership give name Gulf
	If change of ownership give name Gulf and address of previous owner Gulf II. DESCRIPTION OF WELL AND LEASE Lease Name
	If change of ownership give name Gulf and address of previous owner Gulf II. DESCRIPTION OF WELL AND LEASH Lease Name West Sunice Monument Lower 3 Location Unit
	If change of ownership give name Gulf and address of previous owner Gulf II. DESCRIPTION OF WELL AND LEASH Lease Name Sunice Monument Lower 3
	If change of ownership give name Gulf and address of previous owner Gulf II. DESCRIPTION OF WELL AND LEAST Lease Name Sunice Monument Lower 3 Location Unit Letter I : 1650 Fee
	If change of ownership give name Gulf and address of previous owner Gulf II. DESCRIPTION OF WELL AND LEASH Lease Name West Sunice Monument Lower 3 Location Unit
	If change of ownership give name Gulf and address of previous owner Gulf III. DESCRIPTION OF WELL AND LEASE Lease Name Sunice) Monument Lower Well Location Unit Letter : 1650 Fee Line of Section 9 Township III. DESIGNATION OF TRANSPORTER
	If change of ownership give name Gulf and address of previous owner Gulf II. DESCRIPTION OF WELL AND LEAST Lease Name Sunice) Monument Lower 3 Location Unit Letter : 1650 Fee Line of Section 9 Township
	If change of ownership give name Gulf and address of previous owner Gulf II. DESCRIPTION OF WELL AND LEASE Lease Name Sinical Monument Lowers 3 Location Unit Letter
	If change of ownership give name Gulf II. DESCRIPTION OF WELL AND LEASE Lease Name Sunice Monument Lower 3 Location 4 Location 7 Township III. DESIGNATION OF TRANSPORTER Name of Authorized Transporter of Cil
	If change of ownership give name Gulf and address of previous owner Gulf III. DESCRIPTION OF WELL AND LEASI Lease Name Sunice) Monument lower 3 Location Unit Letter
	If change of ownership give name Gulf III. DESCRIPTION OF WELL AND LEASE Lease Name Sunice) Monument louth 3 Location Unit Letter : 1650 Fee Line of Section 9 Township III. DESIGNATION OF TRANSPORTER Name of Authorized Transporter of Cit Shell Pipeline Cot Name of Authorized Transporter of Castagneed Cot Name of Authorized Transporter Officer of Castagneed Cot Name of Cast

(Dase)

OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-83

BANTA PE	1 1 1		Page 1	
FILE		P. O. BO	DX 2088	•
U.S.a.s.		SANTA FE, NE	W MEXICO 87501	
LAMO OFFICE	┼╌┼╌┥			÷
TRANSPORTER GAS	; 	DECLIECT CO	S ALLOWAN F	1. 11.
OPERATOR			R ALLOWABLE	·
PROMATION OFFICE			PORT OIL AND NATURAL GAS	
1.		AUTHORIZATION TO TRANS	FOR FOR FOLLAND NATURAL GAS	
Operator				
CHEVRON U.S	A TN	· ·		,
Address	الميضينية فالمراك	194		
P. O. Box 6	.70 U.	obbs. NM 88240		
Reason(s) for filing (C	Cheek pro	per aox)	Other (Please explain)	
New Asil		Change in Transporter of:	Oner it rease explains	,
Recompletion			Name Change Effective 7-1-85	1
X Change in Owners	-510		,, 002	
Z Change in Owner		Casinghead Gas C	ondensate	
If change of ownersh	ip give n	ADE OICOLLO		
and address of previo			Box 670, Hobbs, NM 88240	
II. DESCRIPTION O	<u>OF WEL</u>			_
Lease Name		1 Well No. Pool Name, including F		Lease No.
MINICO TIONUM	nent	lower 3/9 Eunice The	MUNKEN State, Federal or Fee "	1
Location	_	ant .		····
Unit Letter	;_	1650 Feel From The South Lin	and 990 Feet From The Cost	
Line of Section	9	Township 2/5 Range	36E, NMPM, LOW	County
			7,00	County
III. DESIGNATION	OF TR	ANSPORTER OF OIL AND NATURAL	GAS	
Name of Authorized	ransporter	of Cil or Condensate	Address (Give address to which approved copy of this form is	to be sent!
Stell Fix	sell r	e Carp.	Boll 1910 Midlond 216	19701
Name of Authorized &	anaparter	pt Caesagnedd Gas of Dry Gas	Address (Give address to which approved copy of this form is	10 00 1001
Phillips) <i>HT</i>	Toloum)	GOOL Donly as to Oding 111	1071-1
FICE COLORS	110000	Unit Sec. Twp. Rge.	Is gas actually connected? When	19/01
If well produces oil or give location of tanks.		J 9 21536E	7/alb may	• • • · · · · · · · · · · · · · · · · ·
<u> </u>		1 3 1 1 18/0,000	ges whowa	
I this production is c	:ommingi	ed with that from any other lease or pool,	give commingling order number:	
NOTE: Complete l	Parts IV	and V on reverse side if necessary.	•	
			u	
VI. CERTIFICATE O	OF COM	PLIANCE	OIL CONSERVATION DIVISION	
			lo a serie cor	
hereby certify that the ru	nics and ic	gulations of the Oil Conservation Division have	APPROVED AUG 3 1385	10
een complied with and th ny knowledge and belief.		ormation given is true and complete to the best of	BY LAIREN JOY	
ay khowledge kha benen			7/ 5-1-1-1	
_			TITLE DISTRICT 1 SUPERVISOR	
\bigcirc	\ /	7 - /		
17 (1	ノル		This form is to be filed in compliance with RUL	E 1104.
\ <u>`.</u>	<u>···</u>	www.	If this is a request for allowable for a service of	
	•	Signature)		
Are	a Engi		THE THE PERSON OF THE PERSON O	l
		(Title)	All sections of this form must be filled out compleable on new and recompleted wells.	itely for allow

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. us C-104 must be filed for each pool in multiply Separate completed wells.