STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	·
	- Form C-104 - Revised 10:01-78 - Format 06:01-83 - Format 06:01-83 - Format 06:01-83
U.G.A. SANTA FE, NEL	W MEXICO 87501
TRANSPORTER DIL DEDUEST ED	R ALLOWABLE
OPERATOR A	ND PORT OIL AND NATURAL GAS
I. Operation	
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	
Reeson(s) for filing (Check proper box)	Other (Please explain)
	Name Change Effective 7-1-85
If change of ownership give name Gulf Oil Corp., P. O. H	Box 670, Hobbs, NM 88240
	50x 070, 10505, 11 00240
II. DESCRIPTION OF WELL AND LEASE	ormation / Kind of Lease Lease No.
Eurice monument South 391 Eurice no	
Unit Letter : 1980 Feel From The 10th Lin	e and 1980 Feel From The East
Line of Section 14 Township 215 Range	36E NMPM. Lea County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name el Authorized, Trensporter ol CII Condenacio	Asacoss (Give address to which approved copy of this form is to be sent) Rol 1910, Midlon A SU 79701
Name of Authorized Fransparse of Casiagneed Gas _ or Dry Gas]	Address (Give address to which approved copy of this form is to be sent) 4001 fim 11 AAR ONDAN UL 79761.
If well produces all or liquide, give location of tanks.	is gas actually connected? When Then Durn
If this production is commingied with that from any other lease or pool,	
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION OIL CONSERVATION
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, 19, 19, 19,
my knowledge and belief.	
	TITLE DISTRICT 1 SUPERVISOR
- C. D. Date	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despende
(Sienaiwe) Area Engineer	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
<i>(Tulo)</i> 5-31-85	All sections of this form must be filled out completely for allow able on new and recompleted wells.
(Dece)	Fill out only Sections I. II. III, end 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 multiply completed wells.

20.25 C

•

•

