

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CHEVRON U.S.A. INC.
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gas
☐ Condensate
☐ Other (Please explain)
Name Change Effective 7-1-85

If change of ownership give name and address of previous owner
Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eunice Monument South	Well No. 387	Pool Name, including Formation Eunice Monument	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G	1980	Feet From The North Line and 1980	Feet From The East	
Line of Section 15	Township 21S	Range 36E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline	or Condensate	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79701
Name of Authorized Transporter of Gas Warren Petroleum	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74100
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15
	Twp. 21S	Rge. 36E
	Is gas actually connected? Yes	
	When Unknown	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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 my knowledge and belief.

R. D. Pate
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 29 1985
BY J. J. [Signature]
DISTRICT 1 SUPERVISOR
TITLE

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multi-completed wells.

RECEIVED

AUG 29 1985

**O.C.D.
HOBBS OFFICE**