STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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| FILE | \top | 1 |
| U.S.O.A. | 1 | Γ |
| LAND OFFICE | 1 | |
| TRANSPORTER OIL | | |
| DAG | | |
| OPERATOR | | |
| PROBATION OFFICE | | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE. NEW MEXICO 87501

Revised 10-01-78 Format 06-01-83

| LAND OFFICE | 2W2X(CO 0730) | |
|--|---|--|
| TRANSPORTER OIL | 9; | |
| OPERATOR REQUEST I | FOR ALLOWABLE | |
| PERSONAL OF STATE OF | AND | |
| AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL GAS | |
| Operator | | |
| CHEVRON U.S.A. INC. | | |
| Address | | |
| P. O. Box 670. Hobbs. NM 88240 | en e | |
| Reason(s) for filing (Check proper box) Change in Transporter of | Other (Please explain) | |
| New Well Change in Transporter of: | Dry Gos Name Change Effective 7-1-85 | |
| X Change in Ownership Casinchead Gas | Condensate | |
| If change of ownership give name Gulf Oil Corp., P. O. | Box 670, Hobbs, NM 88240 | |
| II. DESCRIPTION OF WELL AND LEASE | | |
| Lease Name Well No. Pool Name, including | | |
| Max 1 - Stapping 1 | Conumber (State) Federal or Fee E-230 | |
| Location and holy h | · //0 | |
| Unit Letter E : 1980 Feet From The World | ine and 660 Feet From The West | |
| Line of Section 15 Township 215 Range | 36E, NMPM, Lea County | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR | AL GAS | |
| Stell Pipeline Corp. | Boy 1910, Midle of Du 19701 | |
| Name of Authorized Franchamer of Castagneed Gas or Cry Gas] | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of lanks. | Is gas actually connected? When Improving | |
| If this production is commingled with that from any other lease or pool | | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | , give comminging order number: | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | A DELCO | |
| been complied with and that the information given is true and complete to the best of | | |
| my knowledge and belief, | BY PAREN Sex Ton | |
| • | TITLE DISTRICT 1 SUPERVISOR | |
| (PDP+ | This form is to be flied in compliance with RULE 1104. | |
| (Signature) | If this is a request for allowable for a contradition | |
| Area Engineer | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | |
| (Tille) | All sections of this form must be filled out completely for an | |
| 5-31-85 | able on new and recompleted wells. | |

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.

RECEIVED

AUG 29 1985 O.C.D. HOBBS OFFICE