	•
STATE OF NEW MEXICO	
ENERGY AND MINERALS CEPARTMENT	Form C 104
come secence	Revised 10-01-78
	ATION DIVISION Page 1
P. O. B	OX 2088
	W MEXICO 87501
LAND OFFICE	· · · · · · · · · · · · · · · · · · ·
TRABPORTER	DR ALLOWABLE
OPERATOR	AND
AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS
Deretat	
	and an
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	2.000 (1999) 2.000 (1990)
P. O. Box 670, Hobbs, NM 88240. Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	None Of the REC. 11 7 1 00 The
Recompletion Cit	Name Change Effective 7-1-85
🕅 Change in Ownership 🛛 🗌 Casinghead Gas 🔲 C	Condensate
	······································
d address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
I. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No.   Paol Mane, including i	
	Onument State, Federal or Fee #
Location , quit has be	110 Cart These
Unit Letter / _: OOU Feet From The WOOL Li	
	ne and Feel From The
	ne and Feel From The
Line of Section /6 Township 2/S Range	ne and <u>600</u> Feel From The <u>100</u>
Line of Section 16 Township 215 Range	36E NMPM, All County
	36E NMPM, All County
Line of Section 16 Township 2/S Range	JGE NMPM, Sell County
Line of Section 16 Township 2/S Range	JGE NMPM, Sell County
Line of Section // Township 2/S Range	JGE NMPM, Sell County
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Trainsporter of Cit or Concensule And Authorized Trainsporter of Cit of a Concensule Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Gas or Dry Gas Name pl Authorized Transporter of Casiogneda Casiogneda Gas Name pl Authorized Transporter of Casiogneda Casiogneda Casiogneda Cas	266 NMPM, County LGAS Aggress (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) HOO   HON WY OD COULD IN TOTAL Is gas actually connected?
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cit or Concensate Name pt Authorized Transporter of Casingneda Cas or Dry Cas Name pt Authorized Transporter of Casingneda Cas	266 NMPM, 2000 County L GAS Ascense (Give address to which approved copy of this form is to be seni) Dev 1190, Thickloss of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) HOOI Featurbook, Odlard, 24 TPTC
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Trainsporter of Cit Gr Congenerate G Name pi Authorized Transporter of Casingnead Gas G or Dry Gas G Name pi Authori	266 NMPM, 2000 County LGAS Assess (Give address to which approved copy of this form is to be sent) BON 1190, MUCLIDA 1917 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) HOO 1 FON WORK OULSD 14 TPTO Is gas actually connected? When When MCNOWN
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Trainsporter of Cit are Concensule Name pi Authorized Trainsporter of Casinghead Gas or Dry Gas Name pi Authorized Transporter of Casinghead Gas or Dry Gas Name pi Authorized Transporter of Casinghead Authorized Transporter of Casinghead Gas N	266 NMPM, 2000 County LGAS Aggress (Give address to which approved copy of this form is to be sent) BON 1190, MUCLON A 24 7970 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Is gas actually connected? When When MCNUWN
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Trainsporter of Cit are Concensule Name pi Authorized Transporter of Casinghead Gas or Dry Gas Name pi Authorized Transporter of Casinghead Gas or Dry Gas Name pi Authorized Transporter of Casinghead Gas Name pi Authorized Transporter of Casin	266 NMPM, 2000 County LGAS Aggress (Give address to which approved copy of this form is to be sent) BON 1190, MUCLON A 24 7970 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Is gas actually connected? When When MCNUWN
Line of Section // Township 2/S Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit Ger Concensate G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Dry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G of Cry Gas G Name pi Authorized Transporter of Casilognead Gas G	SOL , NMPM, Sell County L GAS Ascess (Give address to which approved copy of this form is to be seni) Dev 1190, Mich approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) HOOI for the book Odesson of TPTC Is gas actually connected? give communify order number:
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Trainsporter of Cit are Concensule Name pi Authorized Trainsporter of Casiconeda Gas or Dry Gas Name pi Authorized Transporter of Casiconeda Gas or Dry Gas Name pi Authorized Transporter of Casiconeda Gas Name pi Authorized Transporter of Casi	OLL NMPM, County   L GAS Assess (Give address to which approved copy of this form is to be seni)   DOM 190, Much approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   HOOI HONEROR Ollson   Is gas actually connected? When   give communating order number: Unknown   OIL CONSERVATION DIVISION WIGHT
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Trainsporter of Cit Ger Condensate G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name Pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name Pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name Pi Authorized Trainsporter of Casinghead Gas G or Dry Gas G Name Pi Authorized Trainsporter of Casinghead Gas G	County L GAS Access (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) (Is gate actually connected? (Is gate
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit Generated Generation of Condensate G Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation Sector Name pt Authorized Transporter of Casingnead Generation Division have the completed with and that the information given is true and complete to the best of	County L GAS Ascess (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which approved copy of this form is to be seni) address (Give address to which app
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit Generated Generation of Condensate G Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation Sector Name pt Authorized Transporter of Casingnead Generation Division have the completed with and that the information given is true and complete to the best of	OIL CONSERVATION DIVISION
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit Generated Generation of Condensate G Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation of Dry Generation Name pt Authorized Transporter of Casingnead Generation Sector Name pt Authorized Transporter of Casingnead Generation Division have the completed with and that the information given is true and complete to the best of	County L GAS Ascience (Give address to which approved copy of this form is to be seni) Def 1190, Thirdland H 797705 Address (Give address to which approved copy of this form is to be seni) HOOI for the owner of the senier of the senier of the senier HOOI for the owner of the senier of the
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cit or Congenerate Name pt Authorized Transporter of Casingneda Gas or Dry Gas Name pt Authorized Transporter of Casingneda Gas or Dry Gas Name pt Authorized Transporter of Casingneda Gas or Dry Gas Name pt Authorized Transporter of Casingneda Gas or Dry Gas H well produces oil or liquids.	Obt NMPM, Old County   L GAS Assess (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) MMC MONDAR (MISSIN)   Is gas actually connected? when   Understand When   Is gas actually connected? when   Understand Understand   give communiting order number: Understand   OIL CONSERVATION DIVISION APPROVED   BY Understand   DISTRICT 1 SUPERVISOR
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Trainsporter of Cit or Consensate Name of Authorized Trainsporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas or Dry Gas Name of Authorized Transporter of Casingnead Cas Name of Authorized Transporter of Casingnead Case Name of Authorized Transporter of Casingnead Case Name of Authorized Transporter of Casingnead Case Name of Authoriz	Obt NMPM, Old County   L GAS Assess (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Hold form is to be filled in compliance with sub E 1104. If this is a request for allowable for a name defiled or of the senior of the seni senior of the seni seni senior of the seni senior of the seni sen
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authoritzed Transporter of Cit Geregneed Gas Gere Congenerate G Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas G Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas G Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas G Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas G Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas G Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas G Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Or Dry Gas Gere Name pi Authoritzed Transporter of Casingneed Gas Gere Name Pi Authoritzed Transporter of Ca	Obt NMPM, Old County   L GAS Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Hold form fuel to the number: If this is a request for silowable for a newly drilled or deepen   Weili, this form must be accompanied by a tabulation If this is a request for silowable for a newly drilled or deepen
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cill or Condensate Name pi Authorized Transporter of Cill or Condensate Name pi Authorized Transporter of Casicgneed Cas or Dry Cas Name pi Authorized Transporter of Casicgneed Cas or Dry Cas Name pi Authorized Transporter of Casicgneed Cas or Dry Cas Name pi Authorized Transporter of Casicgneed Cas or Dry Cas Name pi Authorized Transporter of Casicgneed Cas or Dry Cas Name pi Authorized Transporter of Casicgneed Cas or Dry Cas Name pi Authorized Transporter of Casicgneed Cas or Dry Cas Note: Isocation of tants If well production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. I. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complied with and that the information given is true and complete to the best of hy knowledge and belief. Area Engineer Area Engineer	Obt NMPM, Old County   L GAS Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Address (Give address to which approved copy of this form is to be seni) Address (Give address to which approved copy of this form is to be seni)   Is gas actually connected? When When   Is gas actually connected? When McMcMcMuX   give commending order number: If the second approved to the second approved to the second approved to the second approved to the deviation of the deviation approved to the second ap
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cili or Concensate Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Note: complete Parts IV and V on reverse side if necessary. NOTE: Complete Parts IV and V on reverse side if necessary. N. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complied with and that the information given is true and complete to the best of ty knowledge and belief.	SGE NMPM, SGC County   L GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   HOIL Failed of the approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Is gas actually connected? If the approved copy of this form is to be sent) If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation to the deviation of the deviation of the deviation of the form must be form must be fulled out completely for allowable on new and recompleted wells.
Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit General Gas G or Ery Gas G Name pl Authorized Transporter of Casinghead Gas G or Ery Gas G Hilling Produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It has produce of tanks. It has production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. T. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complete with and that the information given is true and complete to the best of ty knowledge and belief.	SGE NMPM, SGC County   L GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   If gas actually connected? when McMMMWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW
Line of Section // Township 2/S Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cili or Concensate Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Name of Authorized Transporter of Casiconead Gas or Dry Gas Note: complete Parts IV and V on reverse side if necessary. NOTE: Complete Parts IV and V on reverse side if necessary. N. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complied with and that the information given is true and complete to the best of ty knowledge and belief.	County LGAS Aggress (Give address to which approved copy of this form is to be seni) BOA 1190, MUCLAS A 7970 Address (Give address to which approved copy of this form is to be seni) HOO1 FARMY NOR OULSAS AF 7970 Is gas actually connected? When Is gas actually connected? Is gas actually connected?
Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit General Gas G or Ery Gas G Name pl Authorized Transporter of Casinghead Gas G or Ery Gas G Hilling Produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It has produce of tanks. It has production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. T. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complete with and that the information given is true and complete to the best of ty knowledge and belief.	SGE NMPM, SGC County   L GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)   If gas actually connected? when McMcMcWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW
Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit General Gas G or Ery Gas G Name pl Authorized Transporter of Casinghead Gas G or Ery Gas G Hilling Produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It has produce of tanks. It has production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. T. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complete with and that the information given is true and complete to the best of ty knowledge and belief.	State NMPM, County   L GAS Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Is gas actually connected?   VMen   BY   Is gas actually connected?   If this is a request for allowable for a newly drilled or deepen   This form must be accompanied by a tebulation of the deviation to the deviation of this form must be filled out completely for allowable on new and recompleted wells.   All sections of this f
Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section // Township 2/S Range Line of Section OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit General Gas G or Ery Gas G Name pl Authorized Transporter of Casinghead Gas G or Ery Gas G Hilling Produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It well produces oil or liquids, 10nis Sec. 17wp. Ras. It has produce of tanks. It has production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. T. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complete with and that the information given is true and complete to the best of ty knowledge and belief.	State NMPM, County   L GAS Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Address (Give address to which approved copy of this form is to be sent)   Is gas actually connected?   VMen   BY   Is gas actually connected?   If this is a request for allowable for a newly drilled or deepen   This form must be accompanied by a tebulation of the deviation to the deviation of this form must be filled out completely for allowable on new and recompleted wells.   All sections of this f