

DATE RECEIVED	
INSTITUTION	
NAME	
ADDRESS	
CITY	
STATE	
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OFFICE	
ORDER	OIL
DATE	GAS
ON	
LOCATION 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

CHEVRON U.S.A. INC.

P.O. BOX 670, Hobbs, NM 88240

1) for listing (Check proper box)	Other (Please explain)
<input type="checkbox"/> Well	Change Name from the <u>CONOCO INC.</u>
<input type="checkbox"/> Completion	Meyer A-1 # 14 to the EMSU #2
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
2	Eunice Monument GB-8A	State, Federal or Fee Federal	LC031740A
Unit			
Letter J	: 1980 Feet From The South Line and 1980 Feet From The East		
of Section 18	Township 21S	Range 36E	Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Produces oil or liquids, or both, in connection with the well.	Is gas actually connected? When

Reduction is commingled with that from any other lease or pool. give commingling order number:

Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I 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.

M. E. Akers

(Signature)

M.E. Akers

(Title)

Staff Drilling Engineer

(Date)

August 30, 1988

OIL CONSERVATION DIVISION

AUG 31 1988

APPROVED _____, 1988

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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

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

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

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.

Separate Forms C-104 must be filed for each pool in multiply recompleted wells.