| •                                       |  |   | •                    |   |
|---|--|---|----------------------|---|
| STATE OF NEW MEXICO                     |  | •   |                      |   |
|   |  | •   |                      |   |
| ENERGY AND MINERALS DEPARTMENT          |  |   |                      |   |
|   | ,  |   |                      | Form C-104<br>Revised 10-01-78          |
| DISTRIBUTION                            |  |   |                      | Format 06-01-83                         |
| SANTA FE                                | OIL CONSER   | VATION DIVISI   | ON                   | Page 1                                  |
| PILE                                    | P. O   | . BOX 2088  |                      |   |
| V.3.G.4.                                |  |   |                      |   |
|   | SANTA FE, I  | NEW MEXICO 87501  |                      |   |
| LAND OFFICE                             |  |   |                      |   |
| TRANSPORTER GIL                         |  | •   |                      | •                                       |
| GAE                                     | REQUEST  |   |                      |   |
| OPERATOR                                |  | AND   | •                    |   |
| PROBATION OFFICE                        | ALCHONIZ LTION TO TO   |   |                      |   |
| T                                       | AUTHORIZATION TO TRA   | ANSPORT OIL AND NATI  | URAL GAS             |   |
| Operator                                |  |   |                      |   |
| Uperator .                              |  | •   |                      |   |
| Chevron U. S. A. Inc.                   |  |   |                      |   |
| Address                                 |  | ·   |                      |   |
|   |  | •   |                      |   |
| P. 0. 670, Hobbs, New                   | Mexico 88240   |   | *                    |   |
| Reason(s) for filing (Check proper box) |  | 10th-101-   |                      |   |
| New Vell                                |  | Other (Pleas  | e espiainj           |   |
|   | Change in Transporter of:  | <b>_</b>  .   |                      | <u>-</u>                                |
| Recompletion                            |  | Dry Gas   |                      | · · · · · · · · · · · · · · · · · · ·   |
| X Change in Ownership                   | Casinghead Gas   |   |                      |   |
|   |  | Condensate  |                      |   |
|   | 1 c r  | $\mathcal{O}$   | D. IL                |   |
| If change of ownership give name        | Imago in   | $\gamma \qquad \qquad$ | 561 4101)            | Holilis, nm                             |
| and address of previous owner           |  |   | 14 140               | Course, This                            |
|   |  |   |                      | XX2H                                    |
| II. DESCRIPTION OF WELL AND L           | EASE   |   |                      | UUAIL                                   |
| Lease Name                              | Well No.   Pool Name, Including  | ng Formation  | Kind of Lease        | Lease No.                               |
| c m. 1 , 1                              | - LOS ENVIRE   | nocili notili   | +011 01              | 7:1                                     |
| denice Onumen DOIN                      | TTUSI EUNICE   | MONUMENT  | Strong or F          | ······································· |
| Locution                                |  |   |                      | •                                       |
| T I G O I                               | Feel From The SOUTH  | 110   |                      | EAST                                    |
| Unit Laner;_//80                        | <u>/ Feet From The COTTI</u>   | Line andOOU   | Feet From The        | <u>ERSI</u>                             |
| 1.1                                     | 210  | 21 -  |                      |   |
| Line of Section / Townsh                |  | 36E , NMPH  |                      | EA County                               |
|   | in a fill the state of the stat |   |                      | County ;                                |
|   |  |   |                      |   |
| <b>III. DESIGNATION OF TRANSPOR</b>     | TER OF OIL AND NATU  | RAL GAS   |                      | • .                                     |
| Name of Authorized Transporter, of Cil  | or Condensate  |   | to which approved co | opy of this form is to be sent)         |
| Al. Abise & Ser                         | · ma Dia   |   |                      |   |
| WHEN CATURE COM                         | 10/11/ Pupul   | - or or   |                      |   |
| AGBN' GUB Corporation of Contract       | and Can Tin St Dir Cas   | + Address (Give address   | to which approved co | opy of this form is to be sent f        |
| Griny and a griger by                   | EFFECTIVE: February  | 1, 1992   | •                    |   |
| TIULLUP PHI, LI                         | Januar Inc.  | 1   |                      | <br>                                    |
| If well produces oil or liquids,        | it Sec. Twp. Rge.  | Is gas actually connect   | ted? When            | •                                       |
| give location of tanks.                 |  |   | 1                    | i                                       |
|   | <u> </u>   | !   |                      |   |
|   |  | a   |                      |   |

If this production is commingled with that from any other lesse 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 belier.

Date

| OIL      | CONSERVA | TI | ON DIVISION |      |   |
|----------|----------|----|-------------|------|---|
| APPROVED | DECS     | 7  | 1986        | , 1s | ) |

## BY ORIGINAL SIGNED BY JERRY SEXTON-

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 AULE 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 completed wells.

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