STATE OF NEW MEXICO	· · ·
ENERGY AND MINERALS DEPARTMENT	
00. 07 (0740 DEEE/1260	Form C-104 Revised 10-01-78
DISTRIBUTION OIL CONS	SERVATION DIVISION
PILE	P. O. BOX 2088
LAND OFFICE	FE, NEW MEXICO 87501
TRANSPORTER OIL	
OPERATOR REQU	JEST FOR ALLOWABLE
AUTHORIZATION TO	AND D TRANSPORT OIL AND NATURAL GAS
Coperator	TRANSPORT UIL AND NATURAL GAS
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	· · · · ·
Reason(s) for filing (Check proper box)	Other (Please explain)
New Vell Change in Transporter of	fer and the second s
X Change in Ownership Official Contraction	Dry Game Change Effective 7-1-85
A Change in Ownership Casinghead Gas	Condensate
If change of ownership give name Gulf Oil Corp., P	. 0. Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name (A (Well No.) Pool Name, Inc	
Location	Monument (State, Federal or Fee B2219)
T 1980 la 1	$b \cdot contended = contend = contended = contended = contended = contended = co$
Unit Letter:730_ Feet From The Solit	Line and 1980 Feet From The Cast
Line of Section 21 Township 21.5 Ra	ange 36E, NMPM. LOD
	County County
Mane of Authorized Transporter of Cil or Condensate	TURAL GAS
Stell Pipeline Corp	Ascess (Give address to which approved copy of this form is to be sent)
Name of Authorized Atansparser of Castaghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent
Thillips Ferroleum	4001 fenturook Odean 11, 79761
If well produces oil or liquide, Unit Sec. Twp. T give location of tanks. I F 1 21 1715	Ree. is gas actually connected? When
If this production is comminged with the farm and it	SEE US MARNOW
If this production is commingled with that from any other lease of NOTE: Complete Posts IV and IV	r pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary	y.
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Divisio	
been complied with and that the information given is true and complete to the my knowledge and belief.	best of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	BY_PAREN Text man
	TITLE DISTRICT 1 SUPERVISOR
$\gamma D D' + \gamma$	
(Signature)	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a part of the
Area Engineer	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.
(Tule)	All sections of this form must be ditted with
5-31-85	
(Dece)	 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. Senarcia Forma C 100
	Separate Forma C-104 must be filed for each pool in multiply comoleted wells.
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