· · · ·	
	<u>-</u>
STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	
00. 00 COPILE RECEIVED	- Form C-104 
DISTRIBUTION OIL	CONSERVATION DIVISION Format 06-01-83
FILE	P. O. BOX 2088
LAND OFFICE	ANTA FE, NEW MEXICO 87501
TRANSPORTER OIL GAS	
OPERATOR	RECUEST FOR ALLOWABLE
AUTHORIZA	ATION TO TRANSPORT OIL AND NATURAL GAS
L. Operator	
CHEVRON U.S.A. INC.	•
Address	
P. O. Box 670, Hobbs, NM 88240	• · ·
Reason(s) for filing (Check proper cox)	Other (Please explain)
New Vell Change in Tra	The porter of: Dry Gas Name Change Effective 7-1-85
X Change in Ownership Casinghe	
	i
If change of ownership give name Gulf Oil Co and address of previous owner Gulf Oil Co	orp., P. O. Box 670, Hobbs, NM 88240
	······································
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No.   Poo	Di Name, including Formation Kind of Lease Lease Lease
Lease Name Well No.   Poo	or Name, including Formation Kind of Lease Lease Lease Stally State, Federal or Fee fee "
H. J. Mattern NCT-A 3 P2 Location P 1/10	Sanose Stelly State, Federal or Fee Here "
Lease Name Well No. Foo 7. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th	he South Line and 660 Feet From The East
H. J. Mattern NCT-A 3 P2 Location P 1/10	he South Line and 660 Feel From The East
Lease Name <u>H. J. Mattern NCT-A</u> Location Unit Letter <u>P</u> : <u>660</u> Feet From Th Line of Section 24 Township 21 5	Range 36E, NMPM, Lea Cou
Lease Name Well No. Foo 7. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th	AND NATURAL GAS
Lease Name Well No. Foo <u>A. J. Mattern NCT-A</u> <u>3</u> Location Unit Letter <u>P</u> : <u>660</u> Feet From Th Line of Section <u>24</u> Township <u>21</u> <u>5</u> <u>III. DESIGNATION OF TRANSPORTER OF OIL</u> Name of Authorized Fransporter of Cli <u>or Conser</u> <u>AHELL</u> <u>FIDELINE</u> <u>Corf</u>	AND NATURAL GAS AND NATURAL GAS BOW 1910 Midland 24 7970
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 III. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Mane of Authorized Transporter of Castagneed Cas	AND NATURAL GAS
Lease Name Weil No. Foo 7. J. Mattern NCT-A 3 P2 Location Unit Letter P	And the series of the series to which approved copy of this form is to be series of the series of th
Lease Name H. J. Mattern NCT-A 3 Pa Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 III. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Citi C or Conder Mell Public Office Office Name of Authorized Transporter of Castagneed Cast 5 Matter P : 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	Andress (Give address to which approved copy of this form is to be sent) AND NATURAL GAS NACLE [] Address (Give address to which approved copy of this form is to be sent) OUV 1910 Midland UV 7970 or Dry Gas [] Address (Give address to which approved copy of this form is to be sent) DUV 1990 Midland UV 7970 OUV 1599 Jula ON 74100
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Shell Ficher Of OIL Name of Authorized Transporter of Castagneed Gas : Matter P : 6 - 24 Name of Authorized Transporter of Castagneed Gas : Matter P : 6 - 24 Name of Authorized Transporter of Castagneed Gas : Matter P : 6 - 24 Matter P : 6 - 24 Matter P : 6 - 24	enrose Stelly State, Federal or Fee fee # he South Line and 660 Feet From The East Range 36E, NMPM, Lea Cou AND NATURAL GAS NACLE Address (Give address to which approved copy of this form is to be sent) BOH 1910 Midland 24 7970 or Dry Gas Address (Give address to which approved copy of this form is to be sent) BAU 1589 Jula ON 74100 'Twp. 'Rge. Is gas actually connected? When 21-5 36E Yes Lenknown
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 III. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Mall Minorized Transporter of Castagned Cast Matter P : 660 Feet From Th Description of Conder Mall Minorized Transporter of Cit or Conder Matter P : 660 Feet From Th or Conder Mall Minorized Transporter of Castagned Cast Matter P : 660 Feet From Th Or Conder Matter P : 6	Anose Stelly State, Federal or Fee fee # No South Line and 660 Feel From The <u>East</u> Range 36E, NMPM, Rea <u>Cour</u> <u>AND NATURAL GAS</u> nacle <u>Address (Give address to which approved copy of this form is to be senif</u> <u>BOM 1910 Midland 24 7970</u> or Dry Gas <u>Address (Give address to which approved copy of this form is to be senif</u> <u>BOM 1589 Julian OR 74100</u> <u>Twp.</u> Ree. Is gas actually connected? When <u>121-5:36E</u> <u>Yes</u> <u>Lenknown</u>
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Shell Ficher Of OIL Name of Authorized Transporter of Castagneed Gas : Matter P : 6 - 24 Name of Authorized Transporter of Castagneed Gas : Matter P : 6 - 24 Name of Authorized Transporter of Castagneed Gas : Matter P : 6 - 24 Matter P : 6 - 24 Matter P : 6 - 24	Anose Stelly State, Federal or Fee fee # No South Line and 660 Feet From The Cast Range 36E, NMPM, Lea Cou AND NATURAL GAS nacle Address (Give address to which approved copy of this form is to be sent) OUL 1910 Midland 24 7970 or Cry Gas Address (Give address to which approved copy of this form is to be sent) DUL 1999 Jula DD 74100 'Twp. 'Rge. Is gas actually connected? When 21-5:36E Yes Lenknown her lesse or pool, give commangling order number:
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 III. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Mall Minorized Transporter of Castagned Cast Matter P : 660 Feet From Th Description of Conder Mall Minorized Transporter of Cit or Conder Matter P : 660 Feet From Th or Conder Mall Minorized Transporter of Castagned Cast Matter P : 660 Feet From Th Or Conder Matter P : 6	Anose Stelly State, Federal or Fee fee # No South Line and 660 Feet From The Cast Range 36E, NMPM, Lea Cou AND NATURAL GAS nacle Address (Give address to which approved copy of this form is to be sent) OUL 1910 Midland 24 7970 or Cry Gas Address (Give address to which approved copy of this form is to be sent) DUL 1999 Jula DD 74100 'Twp. 'Rge. Is gas actually connected? When 21-5:36E Yes Lenknown her lesse or pool, give commangling order number:
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Mall Picking Off Name of Authorized Transporter of Castagned Cast Matter P : 660 Feet From Th or Conder Mall Picking Off Name of Authorized Transporter of Castagned Cast Matter P : 660 Feet From Th or Conder Mall Picking Off Name of Authorized Transporter of Castagned Cast Matter P : 660 Feet From Th or Conder Mall Picking Off I well produces oil or liquids, Unit i Sec. If this production is commangled with that from any oth NOTE: Complete Parts IV and V on reverse side i VI. CERTIFICATE OF COMPLIANCE	Anose Stelly State, Federal or Fee fee # South Line and 660 Feet From The East Range 36E NMPM, Lea Cou AND NATURAL GAS NACLE Address (Give address to which approved copy of this form is to be sent) OUL 1910 Midland 14 7970 or Dry Gas Address (Give address to which approved copy of this form is to be sent) DUL 1599 July OP 74100 i Twp. Reg. Is gas actually connected? i When 21-5 36E Yes be commanding order number: if necessary. OIL CONSERVATION DIVISION
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Citi Or Conder Mall Party Party Refer Name of Authorized Transporter of Castagneed Cast Watcher Party Refer If well produces oil or liquids, Unit i Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids,	Ancose Stelly State, Federal or Fee fee Bange Stolly State, Federal or Fee fee Range Stolly Court for the feet from The feet Range Stole Line and 660 Feet From The feet Range Stole Line and 660 Feet From The feet Range Stole Court address to which approved copy of this form is to be sent? And Address (Give address to which approved copy of this form is to be sent? Stole 1910 Midland 14 1970 or Dry Gos Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address (Give address to which approved copy of this form is to be
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Citi or Conder Mell Publice Of Conder Matter P : 660 Feet From Th or Conder Mell Publice Of Citi or Conder Matter P : 660 Feet From Th Or Conder Matter P : 660 Feet From	Antose Stelly he South Line and 660 Feet From The <u>East</u> Range 36E, NMPM, Lea <u>Cou</u> <u>AND NATURAL GAS</u> nacte Address (Give address to which approved copy of this form is to be sent) <u>BOH 1910 Midland 14 7970</u> ar Dry Gos Address (Give address to which approved copy of this form is to be sent) <u>BOH 1589 Julan ON 74100</u> 'Twp. Rge. Is gas actually connected? <u>BOH 1589 Julan ON 74100</u> 'Twp. Rge. Is gas actually connected? <u>BOH 1589 Julan ON 74100</u> 'Twp. Rge. Is gas actually connected? <u>BOH 1589 Julan ON 74100</u> Address (Give commingling order number: <i>if necessary</i> . <u>OIL CONSERVATION DIVISION</u> APPROVED <u>400</u> <u>100</u> <u>100</u> <u>19</u> <u>19</u> <u>19</u> <u>19</u> <u>19</u> <u>19</u> <u>19</u> <u>19</u>
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Citi Or Conder Mall Party Party Refer Name of Authorized Transporter of Castagneed Cast Watcher Party Refer If well produces oil or liquids, Unit i Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids,	Ancose Stelly State, Federal or Fee fee Bange Stolly State, Federal or Fee fee Range Stolly Court for the feet from The feet Range Stole Line and 660 Feet From The feet Range Stole Line and 660 Feet From The feet Range Stole Court address to which approved copy of this form is to be sent? And Address (Give address to which approved copy of this form is to be sent? Stole 1910 Midland 14 1970 or Dry Gos Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address to which approved copy of this form is to be sent? Stole 1589 Stole Address (Give address (Give address to which approved copy of this form is to be
Lease Name H. J. Mattern NCT-A 3 P2 Location Unit Letter P : 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Citi Or Conder Mall Party Party Refer Name of Authorized Transporter of Castagneed Cast Watcher Party Refer If well produces oil or liquids, Unit i Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids, Unit i I Sec. If well produces oil or liquids,	AND NATURAL GAS Range 366, NMPM, Lea Cou AND NATURAL GAS ACCOUNTING AND ACCOUNTING AND ACCOUNTING TO BE SEALY ACCOUNTING AND ACCOUNTING TO ACCOUNTING TO BE SEALY ACCOUNTING AND ACCOUNTING TO ACCOUNT ACCOUNTING TO ACCOUNTING TO ACCOUNTING TO ACCOUNTING TO ACCOUNT ACCOUNTING TO ACCOUNT ACCOUNTING TO ACCOUNT AC
Lease Name H. J. Mattern NCT-A Location Unit Letter P: 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Mell Michael Case Matter P: 660 Name of Authorized Transporter of Castagned Case Matter P: 660 Note: 660 Note: Complete Parts IV and V on reverse side i AI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservice een complied with and that the information given is true and cord ny knowledge and belief. R. D. D. D. L.	Anose Stelly State, Federal or Fee fee # Range 366 NMPM, Line and 660 Feet From The Cast Range 366 NMPM, Lea Cour AND NATURAL GAS NACLE Assares (Give address to which approved copy of this form is to be sent) BUN 1910 Midland 24 7970 or Dry Gas Address (Give address to which approved copy of this form is to be sent) BUN 1910 Midland 24 7970 or Dry Gas I Radiess (Give address to which approved copy of this form is to be sent) BUN 1910 Midland 24 7970 it was a figure address to which approved copy of this form is to be sent) BUN 1599 States of the figure address to which approved copy of this form is to be sent) her lesse or pool, give commingling order number: if necessary. OIL CONSERVATION DIVISION APPROVED JIN 19 BY JALL 197 DISTRICT 1 SUPERVISOR This form is to be filed in compliance with AULE 1104. If this is a request for ellowable for a sent of the day.
Lease Name <u>H. J. Mattern NCT-A</u> Location Unit Letter <u>P</u> : <u>660</u> Feet From Th Line of Section <u>A</u> <u>Township</u> <u>21</u> <u>5</u> <u>HI. DESIGNATION OF TRANSPORTER OF OIL</u> Name of Authorized Fransporter of Citi <u>or Conder</u> <u>Mather</u> <u>Patty Name</u> <u>Name of Authorized Transporter of Casingneed Cas</u> <u>Mather</u> <u>Patty Name</u> <u>If well produces oil or liquids</u> . <u>Unit</u> <u>i</u> <u>Sec.</u> <u>if well produces oil or liquids</u> . <u>if well produces oil or liquids</u> . <u>if this production is commingled with that from any oth</u> <u>NOTE:</u> <u>Complete Parts IV and V on reverse side if</u> <u>A. CERTIFICATE OF COMPLIANCE</u> hereby certify that the rules and regulations of the Oil Conservice een complied with and that the information given is true and cord ny knowledge and belief. <u>C. D. D. L.</u> <u>Signature</u>	Anose Stelly Store, Federal or Fee fee " Range 366, NMPM, Lea Cou AND NATURAL GAS nacte Acaress (Give address to which approved copy of this form is to be sent) Acaress (Give address to which approved copy of this form is to be sent) ar Dry Gas Acaress (Give address to which approved copy of this form is to be sent) ar Dry Gas Acaress (Give address to which approved copy of this form is to be sent) Twp. 'Rge. Is gas actually connected? 'Twp. 'Rge. Is gas actually connected? 'Dub 1910 Midland JH 7970 'Twp. 'Rge. Is gas actually connected? 'Dub 1959 July OP 74100 'Twp. 'Rge. Is gas actually connected? 'Dub 1910 Jint 'Dub 1910 Jint 'Twp. 'Rge. Is gas actually connected? 'Dub 1910 Jint 'Twp. 'Rge. Is gas actually connected? 'Dub 1910 Jint 'District 1 SUPERVISOR This form is to be filed in compliance with RUL E 1104. If this is a request for allowable (or a newly drilled or deeputy well, this form must be accompanied by a trilled or deeputy well, this form must be accompanied by a trilled or deeputy well, this form must be accompanied by a trilled or deeputy for the sent of
Lease Name H. J. Mattern NCT-A Location Unit Letter P: 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Cit or Conder Mell Michael Case Matter P: 660 Name of Authorized Transporter of Castagned Case Matter P: 660 Note: 660 Note: Complete Parts IV and V on reverse side i AI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservice een complied with and that the information given is true and cord ny knowledge and belief. R. D. D. D. L.	ancose Stelly   State, Federal or Fee fee   Image     he South Line and 660   Feet From The feat   Cou     Range   366   NMPM, fea   Cou     AND NATURAL GAS   Access (Give address to which approved copy of this form is to be sent)   Cou     AND NATURAL GAS   Access (Give address to which approved copy of this form is to be sent)   Cou     Address (Give address to which approved copy of this form is to be sent)   State of the form of the form is to be sent)     Or Cry Gas   Address (Give address to which approved copy of this form is to be sent)   State of the form of the form of the form is to be sent)     Twp.   'Rge.   Is gas actually connected?   When     'I'mp.   'Rge.   Is gas actually connected?   When     '21-S   366   Yes   Lanknown     her lease or pool, give commangling order number:   Import   Import   Import     'f necessary.   OIL CONSERVATION DIVISION   Import   Import   Import     Proved   Import   Import   Import   Import   Import     'f necessary.   OIL CONSERVATION DIVISION   Import   Import   Import   Import     'f necessary. <td< td=""></td<>
Lease Name <u>H. J. Mattern NCT-A</u> Location Unit Letter <u>P</u> : <u>660</u> Feet From Th Line of Section <u>A</u> <u>Township</u> <u>21</u> <u>5</u> <u>HI. DESIGNATION OF TRANSPORTER OF OIL</u> Name of Authorized Fransporter of Citi <u>or Conder</u> <u>Mather</u> <u>Patheline</u> <u>or Conder</u> <u>Mather</u> <u>Patheline</u> <u>1011</u> <u>i</u> <u>Sec.</u> <u>11 well produces oil or liquids.</u> <u>11 well produces oil or liquids.</u> <u>12 this production is commingled with that from any oth</u> NOTE: <u>Complete Parts IV and V on reverse side i</u> <u>AI. CERTIFICATE OF COMPLIANCE</u> hereby certify that the rules and regulations of the Oil Conservice en complied with and that the information given is true and com ny knowledge and belief. <u>Area Engineer</u>	ansone Stelly   Store, Federal or Fee from The fact     he South Line and 660   Feet From The fact     Range   366     AND NATURAL GAS     nacte   Address (Give address to which approved copy of this form is to be sent)     Or Dry Gos   Address (Give address to which approved copy of this form is to be sent)     or Dry Gos   Address (Give address to which approved copy of this form is to be sent)     or Dry Gos   Address (Give address to which approved copy of this form is to be sent)     1 Twp.   Rge.   Is gas actually connected?     1 Twp.   Rge.   Is gas actually connected?     1 21-S   366   Yes     Vent   Magn   Magn     1 21-S   366   Yes     If necessary.   OIL CONSERVATION DIVISION     APPROVED   JIN:   19     By   Magn   19     Title   DISTRICT 1 SUPERVISOR     This form must be secompanied by a tabulation of the devise   10 or deepi     Well, this form must be secompanied by a tabulation of the devise   10 and or deepi     Well, this form must be form sub to filled out completely for al able on new and recompleted wells.   10 or deepi
Lease Name <u>H. J. Mattern NCT-A</u> Location Unit Letter <u>P</u> : <u>660</u> Feet From Th Line of Section <u>J4</u> Township <u>J1</u> J <u>HI. DESIGNATION OF TRANSPORTER OF OIL</u> Name of Authorized Fransporter of Citic or Conder <u>Mell</u> <u>Miller</u> <u>Or Conder</u> <u>Mell</u> <u>Miller</u> <u>Miller</u> Name of Authorized Transporter of Castagneed Cost <u>Matter</u> <u>Hatter</u> If well produces oil or Hauds, <u>1000000000000000000000000000000000000</u>	ancose Stelly   Store, Federal or Fee from the fact     he South Line and 660   Feet From The fact     Bange   366   NMPM, fea     AND NATURAL GAS   Courd for the form is to be sent?     AND NATURAL GAS   Accrease (Give address to which approved copy of this form is to be sent?     Or Dry Gos   Address (Give address to which approved copy of this form is to be sent?     State of the form of the form is to be sent?   State of the form is to be sent?     Or Dry Gos   Address (Give address to which approved copy of this form is to be sent?     State of the form of the form is to be sent?   State of the form is to be sent?     'Twp.   'Ree.   Is gas actually connected?     'Twp.   'Ree.   'When     '21-S '366   Yeo   Yeo     her lease or pool, give commingling order number:   Implement     if necetsary.   OIL CONSERVATION DIVISION     APPROVED   Yeo     TITLE   DISTRICT 1 SUPERVISOR     This form is to be filled in compliance with AULE 1104.     If this is a request for allowable for a newly drilled or deept well, this form must be filled out completely for all able on new and recompleted with ault for the devise tests taken on the well in accordance with AULE 111.     All sections of this form must
Lease Name H. J. Mattern NCT-A Location Unit Letter P: 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Citic or Conder Mell Minisporter of Cashagneed Cash Name of Authorized Transporter of Cashagneed Cash Matter P: 1000000 Name of Authorized Transporter of Cashagneed Cash Name of Authorized Transporter of Cashagneed Cash Matter P: 1000000 Name of Authorized Transporter of Cashagneed Cash Name of Authorized Transporter of Cashagneed Cash Note: Complete Parts IV and V on reverse side if N. CERTIFICATE OF COMPILANCE hereby certify that the rules and regulations of the Oil Conservice (Signature) Area Engineer (Title) 5-31-85	encose Stelly   State, Federal or Fee fee   Image     he South Line and 660   Feet From The Cast     Range   366   NMPM.   Cou     Andress (Give address to which approved copy of this form is to be sent)   South 1910   Cou     Address (Give address to which approved copy of this form is to be sent)   South 1910   Midland   M 1970     or Dry Gos   Address (Give address to which approved copy of this form is to be sent)   South 1970   Midland   M 1970     or Dry Gos   Address (Give address to which approved copy of this form is to be sent)   South 1970   Midland   M 1970     or Dry Gos   Address (Give address to which approved copy of this form is to be sent)   Bull 1589   Midland   M 1970     'Twp.   'Rge.   is gas actually connected?   'Wgn   M 100   M 100     '1'Twp.   'Rge.   is gas actually connected?   'Wgn   M 100   M 100     '21-5   366   Yeo   'Lenknown   M 100   M 100   M 100   M 100     'attasse or pool, give commangling order number:   If mecessary.   M 100   M 100   M 100   M 100   M 100   M 100     Mattast of the bes
Lease Name H. J. Mattern NCT-A Location Unit Letter P: 660 Feet From Th Line of Section 24 Township 21 5 HI. DESIGNATION OF TRANSPORTER OF OIL Name of Authorized Fransporter of Citic or Conder Mell Minisporter of Cashagneed Cash Name of Authorized Transporter of Cashagneed Cash Matter P: 1000000 Name of Authorized Transporter of Cashagneed Cash Name of Authorized Transporter of Cashagneed Cash Matter P: 1000000 Name of Authorized Transporter of Cashagneed Cash Name of Authorized Transporter of Cashagneed Cash Note: Complete Parts IV and V on reverse side if N. CERTIFICATE OF COMPILANCE hereby certify that the rules and regulations of the Oil Conservice (Signature) Area Engineer (Title) 5-31-85	ancose Stelly   Store, Federal or Fee from the fact     he South Line and 660   Feet From The fact     Bange   366   NMPM, fea     AND NATURAL GAS   Courd for the form is to be sent?     AND NATURAL GAS   Accrease (Give address to which approved copy of this form is to be sent?     Or Dry Gos   Address (Give address to which approved copy of this form is to be sent?     State of the form of the form is to be sent?   State of the form is to be sent?     Or Dry Gos   Address (Give address to which approved copy of this form is to be sent?     State of the form of the form is to be sent?   State of the form is to be sent?     'Twp.   'Ree.   Is gas actually connected?     'Twp.   'Ree.   'When     '21-S '366   Yeo   Yeo     her lease or pool, give commingling order number:   Implement     if necetsary.   OIL CONSERVATION DIVISION     APPROVED   Yeo     TITLE   DISTRICT 1 SUPERVISOR     This form is to be filled in compliance with AULE 1104.     If this is a request for allowable for a newly drilled or deept well, this form must be filled out completely for all able on new and recompleted with ault for the devise tests taken on the well in accordance with AULE 111.     All sections of this form must