STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA PE			
FILE			
U.S.G.S			
LAHO OFFICE			
TRANSPORTER	OIL		
	BAD		
OPERATOR			
PROMATION OFFICE		\Box	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

REQUEST FOR ALLOWABLE

PROBATION OFFICE	मुद्दे ^र - स्थापन रूप न
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	HE COMPANY
Operator	
CHEVRON U.S.A. INC.	.,
Address	
P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of:	
New Well Change in Transporter of: Recompletion Cil Dry Gas Name Change Effective 7-1-85	
X Change in Ownership Casinghead Gas Condensate	
If change of ownership give name Culf Oil Corp. P. O. Poy 670 Hobbs, NM 99240	
and address of previous owner Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including Formation Kind of Lease	229-/
Location : 1980 Feet From The South Line and 1980 Feet From The East	
Unit Certain	2009
Line of Section 32 Township 2/5 Range 36E, NMPM, Zea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	and the second
Name of Authorized Fransporter of CII or Condensate Address (Give address to which approved copy of this form is to be Sholl Pipeline Coso. Boy 1910 Midland 14 79	senc) 701
Name of Authorized Transporter of Castagneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be WAHAM) Petroleum Boy 1589, Julian. 04, 74100	sentj
If well produces oil or liquids, J 32 215 36E Yes Unit Sec. Twp. Rgs. Is gas actually connected? When Unknown)
If this production is commingled with that from any other lease or pool, give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION ALIC - C 100F	•
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 belief.	
my anomicige and service	
TITLE DISTRICT 1 SUPERVISOR	

R.D.	Pite (Signature)
Area	Fngineer

(Title) 5-31-85 (Date)

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