AND THE REPORT OF A	,	
STATE OF NEW MEXICO	•	
ENERGY AND MINERALS DEPARTMENT	- Form (	
	Forma Forma	d 10-01-78 1 06-01-83
SANTA FE P. O. BO	•	۱ • • •
SANTA FE, NEW		
LAND OFFICE	· · · · ·	and the second
TRANSPORTER OIL	RALLOWABLE	
OPERATOR AI	ND	C
AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	ाः स्वर्णस्य स्व
Operator		in a second
CHEVRON U.S.A. INC.	······································	
Address		· ····································
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		0.5
	y Game Change Effective 7-1-	-85
X Change in Ownership Casinghead Gas Co	ondensate	• • • •
If change of ownership give name Gulf Oil Corp. P. O. B.		·
and address of previous owner Gulf Oil Corp., P. O. B	Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE		
Lepse Name Well No. Pool Name, including Fo		Lease No.
Arnott Ramsay (NCT-D) 19 [Eumon]	State, Federal or Fee All	£ #
Location E 1980 Doubt	latan li) and	
Unit Letter E : 1980 Feel From The Marth Lin	• and <u><u><u><u></u></u><u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u>	
Line of Section 3.3 Township 21-5 Range 31	OE, NMPM. Lea	County
		۱۹۹۵ - ۲۰۰۰ معدم مارد ۱۹۹۲ - ۲۰۰۰ می
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	, GAS Address (Give address to which approved copy of this for	m is to be sent)
Name of Authorsted Transporter of Cil or Condensate		ا درید.
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this for	m is to be sent)
		and the second
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When	
give location of tanks. W 33 213 JUE		
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.	۰.	
	OIL CONSERVATION DIVISION	N
VI. CERTIFICATE OF COMPLIANCE		e?
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	APPROVED	
my knowledge and belief.	BY Place det m	
	TITLE DISTRICT 1 SUPERVISO	DR .
$\rho = \rho \cdot i$		
(X) P to	This form is to be filed in compliance with If this is a request for allowable for a newly	
(Signature)	well, this form must be accompanied by a tabular	tion of the deviat.
Area Engineer	tests taken on the well in accordance with RUL All sections of this form must be filled out o	-
	able on new and recompleted wells.	· · · · ·
(Title)	Fill out only Sections I. II. III, and VI for	changes of own
(Tule) 5-31-85	well name or number, or transporter, or other such	change of condition
(Title)	well name or number, or transporter, or other auch	
(Tule) 5-31-85	well name or number, or transporter, or other auch Separate Forms C-104 must be filed for ea completed wells.	
(Tille) 5-31-85	well name or number, or transporter, or other auch Separate Forms C-104 must be filed for ea	
(Tille) 5-31-85	well name or number, or transporter, or other auch Separate Forms C-104 must be filed for ea	