| STATE OF NEW MEXICO | • |
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| ENERGY AND MINERALS CEPARTMENT | Form C-104 |
| DISTRIBUTION OLL CONCEDY | Revised 10-01-78 Format 06-01-83 |
| SANTA PE | TION DIVISION Page 1 |
| P. O. 80 | |
| U.S.C.S. SANTA FE, NEW | MEXICO 87501 |
| TRANSPORTER OIL | |
| REQUEST FOR | RALLOWABLE |
| I | 4D |
| AUTHORIZATION TO TRANSF | PORT OIL AND NATURAL GAS |
| Operator | |
| CHEVRON U.S.A. INC. | |
| Address | |
| P. O. Box 670, Hobbs, NM 88240 | |
| Reason(s) for filing (Check proper dox) | Other (Please explain) |
| New Well Change in Transporter of: | Name Change Effective 7-1-85 |
| | ndensate |
| X Change in Ownership Casinghead Gas Co | incernate i |
| If change of ownership give name Gulf Oil Corp., P. O. B and address of previous owner Gulf Oil Corp., P. O. B | ox 670, Hobbs, NM 88240 |
| Legse Name / Well No. Pool Name, Including Fo | ormation Kind of Lease No |
| Arnott Kamsar NCT-D 8 Jalmat | State, Federal or Fee State " D-2X |
| Location | e and 1980 Feet From The 122+ |
| 010 | / / |
| Line of Section 33 Township 2/- Range 3(| O-E , NMPM, LOA County |
| THE INCIDENCE THE ANGROPHICA OF AND MUTTING A | C.A.S. |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit or Condensate | Againss (Give address to which approved copy of this form is to be sent) |
| SI III | Roll 1910 Midland 21/ 19701 |
| Name of Authorized Transporter of Castaghead Gas or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| Warran Petroleum Corp. | Bul 1589 Julya DR 74/00 |
| Lint Sec. Two Rgs. | Is gas actually connected? When |
| If well produces oil or liquids, que location of tanza. | Us 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 COMPLIANCE | OIL CONSERVATION DIVISION |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED ALIG - C 1005 |
| been complied with and that the information given is true and complete to the best of | 01811 100 |
| my knowledge and belief. | BY Dis |
| | TITLE DISTRICT 1 SUPERVISOR |
| $\cap \cap \cap$ | |

(Signalure)

(Title)

(Date)

Area Engineer

5-31-85

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 completed wells.