STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	•
90. 01 tobus sectints	Form C-104
DISTRIBUTION OIL CONSERV	ATION DIVISION Format 06-01-83
FILE P. O. BO	DX 2088
· • • • • • • • • • • • • • • • • • • •	W MEXICO 87501
LAND OFFICE	
TRANSPORTER GIL DENIGCT ED	DALLOWARI 5
REGUEST FU	R ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
<u>I.</u>	
Operator	Control of the Contro
CHEVRON U.S.A. INC.	
Adaress	· Partir Charles
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper box)	101 (01
New Well Change in Transporter of:	Other (Please explain)
	Name Change Effective 7-1-85
	ondensate
If change of ownership give name Gulf Oil Corp., P. O. H	Box 670, Hobbs, NM 88240
and address of previous owner Gull Oll Colp., 1. U. I	701 070, NOBBS, NII 00240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name, Including F	ormation Kind of Lease Lease No
W.H. Kamsav(NCT-A) 130   Eumont	State, Federal or Fee State "
Location	100-
Unit Letter G: 1980 Feet From The 10th Line and 1980 Feet From The Last	
21/ 21 (	10
Line of Section 34 Township 0/7 Range 3	6-E, NMPM, Lea County
	، الله الله الله الله الله الله الله الله
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Agress (Give address to which approved copy of this form is to be sent)
Name of Adinovised Transporter of Cit (S)	Rod 1010 Mi Ala A 21 1077
Name of Authorized Transporter of Castaghead Gas or Dry Gas	Agdress (Give address to which approved carry of this form is to be sent)
Wappen Potroloum	Roll 1500 1. 1.0 0kg 74/100
Thus Sec. Two Bre.	Is gas actually connected? When
If well produces oil or liquids, que location of tanks.  F 34 215 36E	ves Usknown
If this production is commingled with that from any other lease or pool,	give commingling order number:
•	g
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	0110
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG - 6 1985 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY PAREN WAY TON
my knowledge and the same	
•	TITLE DISTRICT 1 SUPERVISOR
$(V \cap C) \cdot L$	This form is to be filed in compliance with RULE 1104.
V. D. Vite	If this is a request for allowable for a newly delited and and
(Signature)	well, this form must be accompanied by a tabulation of the device.
Area Engineer	tests taken on the ment to accordance with MATE 111'
(Title)	All sections of this form must be filled out completely for allo- able on new and recompleted wells.
5-31-85	Fill out only Sections I. II. III, and VI for changes of owne
(Date)	well name or number, or transporter, or other such change of condition

Fill out only Sections I. II, III, end 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.