STATE OF NEW MEXICO

| ENERGY | AND | MINERALS | DEPA | RTMENT |
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| ENERGY AND MI | NERAL | .s c |)EF |
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| **. ** ***** ****** | | | |
| DISTRIBUTION | | | |
| SANTA FE | | I. | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | BAS | <u> </u> | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |
| <u>I.</u> | | | |
| Operator | | | |
| OHEREN AND THE A | | | |

Form C-104 Revised 10-01-78 Format 06-01-83

| SANTA PE | OIL CONSERVATION | | |
|---|---|--|--|
| FILE | P. O. BOX 2088 | | |
| U.S.O.S. | SANTA FE, NEW MEX | 100 87501 | |
| LAND OFFICE | | | , n |
| TRANSPORTER CIL | W REQUEST FOR ALLO | WARI F | |
| OPERATOR | AND | * ADLL | mr i |
| PROBATION OFFICE | - AUTHORIZATION TO TRANSPORT O | II AND NATUDAL CAS | |
| 1. | AUTHORIZATION TO TRANSPORT O | IE AND INTURAL DAS | ल्या राज्याम् ३५ |
| Operator | | | |
| CHEVRON U.S.A. IN | NC . | | . 1970. |
| Address | 10. | | . 41 417 7 7 |
| D 0 D 670 H | 11 274 000/0 | e ja | जीके उप |
| P. O. Box 670. Ho Reason(s) for filing (Check pro | | Other (Please explain) | |
| New Well | Change in Transporter of: | Oliter (1 tease explain) | |
| | Cill Dry Gas | Name Change Effective 7-1-85 | مستنبر المستنبر |
| Recompletion | | | name of the same |
| X Change in Ownership | Casinghead Gas Condensate | <u>'</u> | |
| If change of ownership give : | NAME | | • • |
| and address of previous own | | 0, Hobbs, NM 88240 | |
| | | | name of |
| II. DESCRIPTION OF WEI | | Kind of Lease 1 | |
| W. A. Ransavla | UT-A) 38 Eymort | State, Federal or Fee State " | _ease No. |
| Location | | | |
| Unit Letter - | 1980 Feet From The South Line and | West From The West | |
| ORIT COTTON | | | 4.5.00 |
| Line of Section 34 | Township 215 Range 36E | NMPM, Lea | County |
| 2 0. 55 61.0 0 | | | الانتهاد المنتود |
| III. DESIGNATION OF TR | RANSPORTER OF OIL AND NATURAL GAS | | |
| Name of Authorized Transporte | | (Give address to which approved copy of this form is to be | sent) |
| Shall kingling | Corp. Day | 1910, midland 24 7970 | <u>07 - </u> |
| Name of Authorized Transporte | or Of Chainghead Gasy or Dry Gas Address | s (Give address to which approved copy of this form is to be | senty |
| Warren Felr | oleun Doi | 1584, Julsa, OK 14100 | |
| If well produces oil or liquids, | | actually connected? When | |
| give location of tanks. | : F : 34 : 215 : 36 E | yes ! unknown | |
| Mahla production is commune | ried with that from any other lease or pool, give con | nmingling order number: | |

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

| R.D | Pite |
|------|-------------|
| | (Signature) |
| Area | Engineer |

(Title)

DISTRICT 1 SUPERVISOR

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 allowon 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 auch change of condition.