STATE OF NEW MEXICO

(Title)

ENERGY AND MINERALS DEPARTME	NT				
*** ** ****** *******			,	Form (
DISTRIBUTION	OIL CONSER	/ A T1 O NI	DUVISION	_	d 10-01-78 f 06-01-83
SANTA PE			DIVISION	Page 1	
FILE		30 X 2088			•
U.S.O.S.	SANTA FE, NI	EW MEXIC	0 87501	:	
LAND OFFICE					
TRANSPORTER OIL	and the second			•	
OPERATOR	REQUEST F	OR ALLOWA	ABLE	• .	
PROBATION OFFICE		AND	•		
¥	AUTHORIZATION TO TRAN	ISPORT OIL	AND NATURAL GAS	90 S. O. S.	
Operator					, 1 Exting 1
CHEVRON U.S.A. INC.	·				
Address			· · · · · · · · · · · · · · · · · · ·		····
P. O. Box 670, Hobbs.	NM 88240				. ****
Reason(s) for filing (Check proper box	1		Other (Please explain)		
New Well	Change in Transporter of:		Omer (Please explain)		
Recompletion		!	Name Change Ef	fective 7_1	85
	무해 말	Dry Gas	3 DI		ری
X Change in Ownership	Casinghead Gas	Condensate		•	
Mark	•		· - · · · · · · · · · · · · · · · · · ·	···	
If change of ownership give name and address of previous owner	Gulf Oil Corp., P. O.	Box 670	Hobbs NM 000	140	•
		30.1 070,	Hobbs, NM 882	.40	
II. DESCRIPTION OF WELL AN	DIEASE				
Lease Name	Well No.1 Pool Name, including	6			
W. A. Ramsay NCT.		- ormation	Kind of Leas	•	Leas
	do cumon		State, Feder	al or Fee	n
Location					
Unit Letter 0 ;/9	80 Feel From The last L	ine and	2/20	- 5	7
		<u> </u>	Feet From	ine accut	
Line of Section 34 Tow	mahip 21-5 Range	36 E	, NMPM. Se		
	:-	<u> </u>	, NMPM. 01.0	<u>a</u>	
III. DESIGNATION OF TRANSP	OPTED OF OR ASTR STATES	7.646			
III. DESIGNATION OF TRANSP	or Condensate	IL GAS	 		
14200 Pinchina		Andrew (C	ive address to which appro	ved copy of this form	is to be sent,
soull 1-1 Dillow	COSD.	1004	1910 mide	and W	1970
Name of Authorized Transporter of Cas	lagnedd Gas Or Dry Gas	Address (C	ive address to which appro	ved copy of this form	15 40 be sent
Warren) Peth Nol	im	Back	1589 2.12	11 m	/ /===
If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actu	ally connected?	010 171	UU
give location of tanks.				1. 6	-
	1 1 1 1 1 1 1 1 1 1 1 1			Inknow	2
this production is commingled with	that from any other lease or pool	give commit	ngling order number:		
			-		·
NOTE: Complete Parts IV and V	on reverse side if necessary.		•		
CERTIFICATION OF TAXABLE		11	04.000		•
 CERTIFICATE OF COMPLIAN 	KCE	II	OIL CONSERVA	TION DIVISION	
hereby comify that the miles and assertance	or of the Oil Contamination Division	1	\sim π 11 α	A	•
hereby certify that the rules and regulation een complied with and that the information	ns of the Uti Conservation Division have	APPROX	/50	6.1985	19
y knowledge and belief.	s Biven is true and complete to the best of		LP1841 11	12.17	-, .,
		BY	7	E4/22	
_	•	11 717	- DISTRICE	TI SUPERVISOR	
		TITLE -		- SOLEKVIZOR	
1Y(1)/1J-	/	This	form is to be filed in	compliance	
- U.X.VI	<u></u>	16 th	a la a requese for all	htrauca MISP MA	LE 1104.
(Signatu	ve)	well, this	is is a request for allow form must be accompa-	ted by a sewly dr	illed or deer
A T	•	I teste take	on the well in second	MAN B (Sprietion	of the devi

era este de s

Lease No.

. . . . County

illed or despensed y a tabulation of the deviation 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