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	GAS		
OPERATOR			
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P. O. BOX 2088

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

I. Operator

CHEVRON U.S.A. INC.

P. O. Box 670, Hobbs, NM 88240

New Well

☐ Recompilation

☒ Change in Ownership

Change in Transporter of:

C11

☐ Castinghead Gas☐ Dry Gas

Condensation

Other (Please explain)

Name Change Effective 7-1-85

If change of ownership give name
and address of previous owner _____

Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

Lease Name W.A. Ramsay NCT-A	Well No. 9	Pool Name, including Formation Eumont	Kind of Lease State, Federal or Fee	Lease No. State
Location				
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>35</u> Township <u>21-S</u> Range <u>36E</u> , NMPM. <u>Lea</u> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Shell Pipeline Corp.		Box 1910 Midland TX 79701				
Name of Authorized Transporter of Castagneda Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum		Box 1589 Tulsa OK 74100				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	when
	0	35	21-5	36E		

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.

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. Pitre
(Signature)

Area Engineer

(Title)

5-31-85

(Date)

APPROVED AUG - 6 1985 . 19
BY [Signature]
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 allowance 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.