STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	
ENCAUT AND MINERALS DEPARTMENT	- Form C-104
00. 40 CODICO DECEIVED	Revised 10-01-78
	ATION DIVISION Format 06-01-83 Page 1
BANTA PE	DX 2088
LAND OFFICE	W MEXICO 87501
TRANSPORTER OIL	tin termination of the state
REGUESI FU	R ALLOWABLE
PROMATION OFFICE	ND
AUTHORIZATION TO TRANS	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 box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion Cil	Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas C	Condensate
I change of ownership give name Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
T DESCRIPTION OF WELL AND LEASE	
I. DESCRIPTION OF WELL AND LEASE	Formation Kind of Lease
Harry Leonard NCT.C 4 Uneuchar	200 State, Federal or Fee 2017 #
Location	
Unit Lever D . 10100 Feat From The Thest A.	lolon ident
Unit Letter P : 1000 Feet From The March Li	ne and Feet From The
5/ 0/5	γ
Line of Section 36 Township 21 5 Range	36E, NMPM, Lea Count
· ·	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	I GAS
Name of Authorized Fransporter of CII Or Condensate	Adaress (Give address to which approved copy of this form is to be sent)
Xkall Pineling Para	Railian midland All Aano,
spill republic oppi	Day 1910 Madana 24 19101
Name of Authorized Transporter of Casingtead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	Day 1589 Jula OR 14100
Linut Sec Two Hos	Is gas actually connected? When
If well produces oil or liquids, N 36 215 36E	I yes Unknown
11 10 AT JOC	1 go unanown
f 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.	·
	R _
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
• • •	
	APPROVED AUG - 6 1984
hereby certify that the rules and regulations of the Oil Conservation Division have	
hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of	
een complied with and that the information given is true and complete to the best of	BY BY 19
een complied with and that the information given is true and complete to the best of	
een complied with and that the information given is true and complete to the best of	BY DISTRICT 1 SUPERVISOR
een complied with and that the information given is true and complete to the best of	BY DISTRICT 1 SUPERVISOR TITLE DISTRICT 1 SUPERVISOR This form is to be filed in compliance with RULE 1104
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Rep Pice information given is true and complete to the best of my knowledge and belief.	BY
Rep Complied with and that the information given is true and complete to the best of my knowledge and belief. (Signature) Area Engineer (Title)	BY DISTRICT 1 SUPERVISOR 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 deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
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