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STATE OF NEW MEXICO	-	
ENERGY AND MINERALS DEPARTMENT	- Form C-104	
00. 00 CD01CG BELEINED	Revised 10-0	
	ATION DIVISION Page 1	-83
BANTA PE	DX 2088	
	W MEXICO 87501	
LAND OFFICE		•
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TRANSPORTER GAS AND AND AND REDUEST FO	RALLOWABLE	
	AND	
PROBATION OFFICE	PORT OIL AND NATURAL GAS	
I.		, ∴lain≢ rùth≵ a _e
Operator		به نم بادی ۱
CHEVRON U.S.A. INC.		the second s
Address		
		- 4
P. O. Box 670, Hobbs, NM 88240		<u></u>
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Name Change Effective 7-1-85	//
Recompletion Cil	Try Gas	يرجر فأراجته
X Change in Ownership Casinghead Gas C	Condensate	
If change of ownership give name Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240	
and address of previous owner Our Orr Ourpr, 1. 0.	BOX 070, HOBDS, NH 00240	
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease D,	
Lease Name INCA Well No. Pool Dame, including f		Lease No.
Naury remark E 1 Arenta	rd State, Federal or Fee Atate"	15-1732
" Location		مسادر ويعود
Unit Letter 5 : 1980 Feel From The Marth Li	ne and 1980 Feel From The East	
Unit Letter ; Feet From The Li		
1/ 2/25	27.8	
Line of Section 16 Township 11- > Range	5/- E, NMPM, Jea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA		
Name of Authorized Transporter of Cil	Address (Give address to which approved copy of this form is t	Doe sent
Jeras The Milico Profilere Co	Bet 1510, Midland Id 1	19/01
Name at Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is t	o be sent)
Istanden Petroleum Corporation	Bel 1589 Jules DK 14	1100
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When	· · · · · · · · · · · · · · · · · · ·
give location of iants. $(7 \cdot 16 \cdot 21 - 5 \cdot 37 - 8)$	Ment Kannan	1 1974
	April Anderije	e, III
If this production is commingled with that from any other lease or pool.	give commingling order number: PC-39/V	
NOTE: Complete Parts IV and V on reverse side if necessary.	-	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	10
been complied with and that the information given is true and complete to the best of		19
my knowledge and belief.	BY PARLA ANT MA	
	DISTRICT 1 SUPERVISOR	
	TITLE DISTRICT I SUPERVISOR	·
	This form is to be filed in compliance with RULE	
() Pate		
(Signature)	If this is a request for allowable for a newly drills well, this form must be accompanied by a tabulation of	d or deepene
• • •	tests taken on the well in accordance with AULE 111	· ···· CEATUCIO
Area Engineer	All sections of this form must be filled out comple	
(Title)	able on new and recompleted wells.	1. P
5-31-85	Fill out only Sections I. II. III, and VI for chan	788 of ourse
(Date)	well name or number, or transporter, or other such change	 of condition
	Separate Forms C-104 must be filed for each po	ol in multipl
and the second sec	completed wells.	د موجد . مربع المحمد . محمد المحمد .

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