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STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	Form C-104 Bevised 10-01-78
	Format 06-01-83
5ANTA FE P. 0. 80	
U.S.O.S. SANTA FE, NEV	V MEXICO 87501
	· · · · · · · · · · · · · · · · · · ·
	RALLOWABLE
	ND PORT OIL AND NATURAL GAS
I. Operator	
CHEVRON U.S.A. INC.	
Address	
P. O. Box 670, Hobbs, NM 88240	Other (Please explain)
Reason(s) for filing (Check proper box) New Well Change in Transporter of:	Name Change Effective 7-1-85
	ry Gas
X Change in Ownership Casinghead Gas C	onden391#
If change of ownership give name Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240	
and address of previous owner Guil Oll Colp., 1. 0. 1	
I. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease 2 Lease No.
Ray Summer (NCT-E) 2 Blinoline	State, Federal or Fee State: B-1732
"Location	112 8 4 78 47
Unit Letter: 1980 Feet From The 7/14/The Lin	ne and <u>le 60</u> Feet From The <u>Cast</u>
Line of Section / Township 2/-5 Range	37-F. NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS Addions (Give address to which approved copy of this form is to be sent)
Tras- Two Milico Pipiline Co.	Bof 1510, Widland, H 19701
Name of Authorized Transporter of Casinghead Las D or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
- Warren Penoteine approtect	Is gas actually connected? When
If well produces oil or liquids, give location of tanks. H 16 31-5 37.8	thes Unknown
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.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	APPROVED AUG - 7 1985
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	1 1 21810 - 12N F
my knowledge and belief.	DISTRICT 1 SUPERVISOR
	TITLE DISTRICT I SUPERVISOR
(PDP+	This form is to be filed in compliance with RULE 1104.
(Signalwe)	If this is a request for sllowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation
Area Engineer	tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow
(Title)	able on new and recompleted wells.
<u>5-31-85</u> (Date)	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.

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