| STATE OF NEW MEXICO   |  |  |
|---|--|--|
| ENERGY AND MINERALS DEPARTMENT  | - Form C-104   |  |
| OD. OF COPIES RECEIVES  | Revised 10-01-   | 78   |
| DISTRIBUTION OU CONSERV   | ATION DIVISION • Format 06-018   | ນ - ເ  |
| SANTA PE POB  | OX 2088  | · 36   |
| FILE CANTAGE AL   | W MEXICO 87501   |  |
| LAND OFFICE   | W MEXICO 07301   |  |
| Tou tou   | 1  | ्राम्याः<br>जन्म   |
| TRANSPORTER GAS REQUEST FO  | OR ALLOWABLE   |  |
| OPERATOR  | AND  | and self of the  |
| AUTHORIZATION TO TRAN   | SPORT OIL AND NATURAL GAS  | 7.51   |
|   |  | e gotestica  |
| Operator  |  | 13.49.13   |
| CHEVRON U.S.A. INC.   |  | \$ 1.46  |
| Address   |  | अ <b>डेडिजिय</b> क   |
| P. O. Box 670, Hobbs, NM 88240  |  | - 1 \  |
| Reason(s) for filing (Check proper box)   | Other (Please explain)   |  |
| New Well Change in Transporter of:  | Name Change Effective 7-1-85   |  |
| Recompletion Cil  | Dry Gas  |  |
| X Change in Ownership Casinghead Gas  | Condensate   | i de la company  |
|   |  |  |
| Change of ownership give name Gulf Oil Corp., P. O.                                 | Box 670, Hobbs, NM 88240   | and it seems a partial of  |
| nd address of previous owner  |  | * 22   |
| I. DESCRIPTION OF WELL AND LEASE  |  |  |
| Lease Name / Well No.   Poor Many, including  | Formation   Kind of Lease  | Legse No.  |
| C-thanks 4 Kharks   | State, Federal a Fee Jel "   |  |
| Location Carrier  |  | J  |
| M /1/D  | 110 $11.L$   |  |
| Unit Letter : 600 Feet From The South   | ine and 660 Feet From The Wilst  | <del></del>  |
| 11 - 1/6  | 776  |  |
| Line of Section all Township all Range  | 3/E, NMPM, Xea   | County   |
| TO DESCRIPTION OF THE ANCHORUSE OF OH ANCHORUSE                                     | AT CAS   | e e pregio di sale e   |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA                                   | AL CrAS  Address (Give address to which approved copy of this form is to                                     | he reall   |
| Name of Authorized Transporter of Cit City  | Add. was (Give address to which approved copy of this form is to   |  |
| NONE TH   |  |  |
| Name of Authorized Transporter of Castagnedd Gas or Dry Gas                         | Address (Give address to which approved copy of this form is to  | o be senty   |
| NONE  |  | - (- :   |
| If well produces oil or liquids, Unit Sec. Twp. Rgs.                                | Is gas actually connected? When  | A THE CONTRACT OF THE CONTRACT |
| give location of tanks.   |  | 19 1 91 AL   |
| 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.                         | •  |  |
|   | OIL CONSERVATION DIVISION  |  |
| VI. CERTIFICATE OF COMPLIANCE   | OIL CONSERVATION DIVISION  |  |
| hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED AUG 121985  | ••   |
| en complied with and that the information given is true and complete to the best of |  | 19   |
| ny knowledge and belief.  | BY PARLY MAY Im  |  |
|   | DISTRICT 1 SUPERVISOR  |  |
|   | TITLE DISTRICT I SUPERVISOR  | · · · · · · · · · · · · · · · · · · ·  |
| $(\mathcal{N} \cap \mathcal{L}) \cdot \mathcal{L}$                                  | This form is to be filed in compliance with RULE   | 1104   |
| 1. H. Vatre   | If this is a request for allowable for a newly drille  |  |
| (Signature)   | Well, this form must be accompanied by a tabulation of   | the deviceing  |
| Area Engineer   | tests taken on the well in accordance with MATE 111  | •  |
| (Title)   | All sections of this form must be filled out comple  | tely for allow-  |
| ·   | able on new and recompleted wells.   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 5-31-85<br>(Pair)   | Fill out only Sections I. II. III, and VI for chan well name or number, or transporter, or other such change | ges of owner,  |
| (Dois)  | Mary tiene or tinmpat, or transportation other such change   | of condition.  |

Separate Forms C-104 must be filed for each pool in multiply completed wells.