STATE OF NEW MEXICO		
ENERGY AND MINERALS DEPARTMENT	Form C-104	
DISTRIBUTION OLL CONSERVA	Revised 10-01-78 Format 06-01-83	•
SANTA FE P. O. BO	ATION DIVISION Page 1	
PILE	/ MEXICO 87501	
LAND OFFICE		•
TRANSPORTER OIL	2.41.094.01.5	- 121
	R ALLOWABLE NO	at the York of the
	PORT OIL AND NATURAL GAS	
I.		<del></del>
Operator		
CHEVRON U.S.A. INC.		
P. O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper cox)	Other (Please explain)	
New Well Change in Transporter of:	Name Change Effective 7-1-85	1.1
	y Gds	
Change in Ownership Castnahead Gas Castnahead Cas	ondensate	
If change of ownership give name Culf Oil Corp. P. O. B.	(70 11 11 200 0000	
If change of ownership give name Gulf Oil Corp., P. O. E and address of previous owner	Box 670, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name   Well No.   Pool Name, including f		Lease No.
Eurice Morument Louth 258 Eurice Mo	number (State, Federal or Fee B-230)	
Location and	21. 7	
Unit Letter 1: 940 Feet From The SOITH? Lin	e and 940 Feet From The MOSC	
11 210	36E , NMPM, LOO	
Line of Section 4 Township X/ Range	OGE, NMPM, FOO	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of Cil or Condensate	Agress (Give address to which approved copy of this form is to b	e sentj
SHell Ripeline Corp.	Boy 1910, Midland Il 79	'70 <sub>1</sub>
Name of Authorized Transparer of Castagned Gas or Dry Gas	Address (Give address to which approved copy of this form is to	e sent)
thillips) telroleum	4001 Penturook Valora 34 1	1161
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When I when	, <del>)</del>
give location of tanks. E 4 2/3/36C	i go whomi	<del></del>
If this production is commingied with that from any other lease or pool.	give demmingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		į
AT CHARLES OF CONTRACT	OIL CONSERVATION DIVISION	*
VI. CERTIFICATE OF COMPLIANCE	AIG 1 100E .	• •
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	·
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY PARLY Joy ton	
my knowledge and benefit	DISTRICT 1 SUPERVISOR	· · · · · · · · · · · · · · · · · · ·
<b>^</b>	TITLE SUPERVISOR	
$(\mathcal{V} \cap \mathcal{U}) \cdot \mathcal{L}$	This form is to be filed in compliance with RULE	
1. L. Ville	If this is a request for allowable for a newly drilled	or deepened
(Signature)	well, this form must be accompanied by a tabulation of t tests taken on the well in accordance with RULE 111.	ne deviation
Area Engineer (Title)	All sections of this form must be filled out complete	ly for allow
5-31-85	able on new and recompleted walls.	
(Date)	Fill out only Sections I. II. III. and VI for change well name or number, or transporter, or other such change.	e or owner, of condition
	Separate Forms C-104 must be filed for each pool	
<b>'</b>	completed wells.	1.
<b>4</b> .		•