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ENERGY AND MINERALS DEPARTMENT	
	Form C-104
DISTRIBUTION OIL CONSERV	ATION DIVISION Format 06-01-83 Page 1
P. O. BOX 2088	
	M MEXICO 87301
TRANSPORTER	RALLOWABLE
	PORT OIL AND NATURAL GAS
I. Operator	FOR FOIL AND NATURAL GAS
CHEVRON U.S.A. INC.	and the second secon
Address	
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper box)	Other (Please explain)
New Vell Change in Transporter of:	Name Change Effective 7-1-85
	andensate
	· · · · · · · · · · · · · · · · · · ·
If change of ownership give name Gulf Oil Corp., P. O. H and address of previous owner Gulf Oil Corp., P. O. H	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	and the second
Lease Name Mannie Karning Relinder	ormation Kind of Lease Lease No.
Location	
Unit Letter 0: 240 Feet From The Actit N Line and 1940 Feet From The Last	
Line of Section 14 Township 215 Barge	37E, NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cil	Asatoss (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casiaghead Gds _ or Dry Gas []	Address (Give address to which approved copy of this form is to be sent)
Warren Fetroleum	Ball 1589. TIL na OK, 74100
If well produces oil or liquids, Unit Sec. Twp. Fige.	Is gas actually connected? When
give location of tanks. 10 1/4 315 37E God 1 Unknown	
	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	
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	APPROVED
my knowiedge and belief.	BY PARLA ANY TAN
	TITLE DISTRICT 1 SUPERVISOR
(XDP++	This form is to be filed in compliance with RULE 1104.
(Signalwa)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation
Area Engineer (Tule)	All sections of this form must be filled out completely for allow
5-31-85	able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.
(Date)	well name or number, or transporter, or other such change of condition.
	Separate Forms C-104 must be filed for each pool in multiply comoleted wells.
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