	· · · ·
STATE OF NEW MEXICO	·
ENERGY AND MINERALS DEPARTMENT	- Form C-104
	Revised 10-01-78 Format 06-01-83
SANTA PE OIL CONSERVA	ATION DIVISION Page 1
PILE P. O. BO	X 2088
LAND OFFICE	MEXICO 87501
TRANSPORTER OIL	<u>.</u>
REQUEST FOI	R ALLOWABLE
	PORT OIL AND NATURAL GAS
Coperator	
CHEVRON U.S.A. INC.	
P. O. Box 670, Hobbs, NM 88240	$\sim 10^{-3}$
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Name Change Effective 7-1-85
	Y Gds
X Change in Ownership Casinghead Gas Ca	ondensate
If change of ownership give name Gulf Oil Corp. P. O. E.	$R_{\rm or} = 670$ Webbs $M_{\rm c} = 0.02/0$
and address of previous owner Gulf Oil Corp., P. O. E	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Fi	ormation Kind of Lease . Lease No.
Harry Beansel (NCT-C) 17 Drinkard	State, Federal or Fee State " B-1732
Location (TX A ./	
Unit Letter : 560 Feet From The Wath Lin	e and <u>2310</u> Feel From The <u>Ulest</u>
Line of Section 36 Township 3/5 Range 3	BEE, NMPM, Lice County
	6C, NMPM, Suca County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS
Name of Authorized Transporter of Cil	Asaress (Give address to which approved copy of this form is to be sent)
"Name of Authorized Transporter of Cosingnead Gas Z or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually convected? When
give location of tanks. N 136 315 312	Hes Makaour
If this production is commingled with that from any other lease or pool.	give commingling order number: PC - 5/7
NOTE: Complete Parts IV and V on reverse side if necessary.	
·	n
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 81985
been complied with and that the information given is true and complete to the best of	
my knowledge and belief.	BY PARIA 124 m
	TITLE DISTRICT 1 SUPERVISOR
RODI	This form is to be filed in compliance with RULE 1104.
U.L. Patre	If this is a request for allowable for a newly deliled as do.
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Area Engineer	All sections of this form must be filled out completely for allow-
(7 <i>i</i> l •) 5–31–85	able on new and recompleted walls.
(Date)	Fill out only Sections I, II, III, end 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
i Algeria de la companya de la compa	completed wells.
	and the second

-- ·- .

-