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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		CHEVRON U.S.A. INC.		
Address		P. O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)		
<input type="checkbox"/> New Well	Change in Transporter of:	Name Change Effective 7-1-85		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil			<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas			<input type="checkbox"/> Condensate

Lease Name <u>H. T. Mattern (NCT-A)</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Penrose Skelly</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>21 S</u> Range <u>36 E</u> , NMPM, <u>Lea</u> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Caspianhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
					CI	

R. D. Pitre  
(Signature)

5-31-85

APPROVED \_\_\_\_\_ . 19

BY [Signature]  
TITLE DISTRICT 1 SUPERVISOR

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