STATE OF NEW MEXICO ENERGY ADMIREALS CEPARTMENT
Image: Second State Image: Second State Second State<
OIL CONSERVATION DIVISION Format Goolds Free Format Goolds Fore
Intermediation P. 0. BOX 2088 Page 1 Intermediation SANTA FE, NEW MEXICO 87501 Intermediation Santa FE, New Mexico 8750 Inte
Laws arres SANTA FE, NEW MEXICO 87501 Laws arres And defeation Contract defeation<
Transporter Guider Transporter AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Comment Chevron Chevron Guider Chevron U.S.A. INC. Address Chevron P. O. BOX 670. Hobbs. NM B8240 Rescon(s) for thing (Check proper soll Change in Transporter of: New weil Change in Transporter of: New weil Change in Transporter of: Rescon(s) for thing (Check proper soll Chemes in Ownership Casincheed Gae Casincheed Gae Condensore Market Name Guide Office (Please explain) Name Change Effective 7-1-85 Change is anno Method solution Guide Office (Please explain) Name Change is ename Guide Office (Please explain) Name Change Effective 7-1-85 Condensore Market Name Guide Office (Please explain) Name Change Effective 7-1-85 Condensore Market Name Guide Office
Image: State of the second
AND AND AND AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Covering Chereven Cereving Chereven Reconstruct for thing (Check proper dot) Reconstruct for the form for the form for the formation (Check proper dot) Reconstruct for the form for the formation (State) Free From the formati
I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Coperative Coperative Chevron U.S.A. INC. Address P. O. BOX 670. Hobbs. NM Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Change in Transporter of: Rescond(s) for thing (Check proper sos) Change in Transporter of: I. DESCRIPTION OF WEHL AND LEASE Change in Transporter of Change i
Operative Cherestore Cherestore P. O. Box 670, Hobbs, NM 88240 Rector(s) for hing (Check proper box; Recording in transporter of: Recording in transporter of the form the formation King of Autorized Transporter of Child ADD Part Name, including Formation Line of Section Unit Name Locerian Mather is a formation Intervere in the formation Rea
Addresse P. O. Box 670. Hobbs. NM 88240 Reconcil for liling (Check proper dox) Other (Pirase explain) New Well Change in Transporter of: Other (Pirase explain) Name Change Effective 7-1-85 Other (Pirase explain) Name Change Effective 7-1-85 If change in Ownership Casinchead Gas Candenserie If change of ownership give name Gulf 0il Corp., P. 0. Box 670, Hobbs, NM 88240 II. DESCRIPTION OF WELL AND LEASE State of previous owner Well No. Pool Name, including Formation Kind of Lease Location Mark State of Previous owner Locate State of Previous owner Locate Unit Letter H 20.80 Feet From The Mark Locate State of Lease Locate Unit Letter H 20.80 Feet From The Mark Locate Locate Casteres (Give address to which approved copy of this form is to be sent) Marke of Authorized Transporter of Cill Or Condensette Bast 19/0 Marke 19/0 Marke 19/0 In effective data address to which approved copy of this form is to be senty Marke 19/0 Marke 19/0 Marke 19/0 Mare of Authorized Transporter of Cill
Addresse P. O. Box 670. Hobbs. NM \$8240 Recensition Change in Transporter of: Name Change Effective 7-1-85 Recompliation Oil Dry Gas Name Change Effective 7-1-85 If change of ownership give name Gulf 011 Corp., P. 0. Box 670, Hobbs, NM 88240 If change of ownership give name Gulf 011 Corp., P. 0. Box 670, Hobbs, NM 88240 II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Manse, including Formation Kind of Lease Lease Nome Mark Socie, Faderal or Fee B-17342 Lease Unit Levice H : 20:80 Feel From The 104H Line and 600 Feel From The 20:15 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS NAMPM. Low A 24 7970 Address (Give address to which approved copy of this form is to be sent) Marke of Authorized Transporter of Cill Or Congenerate Ball 9/10, 7Midland A 24 7970 Marke of Authorized Transporter of Cill Or Congenerate Ball 9/10, 7Midland A 24 7970 Marke of Authorized Transporter of Cill Or Congenerate Ball 9/10, 7Midland A 24 7970 Marke of Authorized Transporter of Cill Or Congenerate Market 6/10 Midland A 24 7970 Marke of tanker Unit 1 Sec. Top, 'Rea. Is gao co
Intervention Intervention Change in Transporter of: Differ (Picase explain) Image of ownership Image of the picket and picket and the pi
Image in Transporter of: Dry Gas Dry Gas Name Change Effective 7-1-85 Image in Ownership Casincheed Gas Condensate Name Change Effective 7-1-85 If change of ownership give name Gulf 011 Corp., P. 0. Box 670, Hobbs, NM 88240 88240 II. DESCRIPTION OF WELL AND LEASE Image in Change of previous owner Gulf 011 Corp., P. 0. Box 670, Hobbs, NM 88240 Lease of previous owner Well No. Popt Name, including Formation King of Lease State Mark No. Popt Name, including Formation King of Lease Lease Name Well No. Popt Name, including Formation King of Lease Lease Name Well No. Popt Name, including Formation King of Lease Lease Name Well No. Popt Name, including Formation King of Lease Lease Name Well No. Popt Name, including Formation King of Lease Location Well No. Popt Name, including Formation State Line of Section 22 Township 21 S Rame Mane of Authorized Transporter of Oil AND NATURAL GAS Name of Authorized Transporter of Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Condensate Matese (Give address to which approved copy of this form is to be sent
Image in image in fermage if image in our off in the intermation of intermation in the intermation of our organization of our organization of our organization of intermation of the intermaticatine of the intermation of the intermation of the interm
A Change in Ownership Casinghead Gas Condensatie If change of ownership give name and address of previous owner Gulf 011 Corp., P. O. Box 670, Hobbs, NM 88240 II. DESCRIPTION OF WELL AND LEASE Leave Name Well No. Pool Name, including Formation Kind of Leave State Name Well No. Pool Name, including Formation Kind of Leave Unit Description Meth No. Pool Name, including Formation Kind of Leave Unit Letter H : 2080 Feet From The Math Leave Location Internet Section Internet Section Feet From The Math Leave Line of Section Internet Section Internet Section Internet Section Internet Section Name of Authorized Transporter of Cit or Concensacie Address (Give address to which approved copy of this form is to be sent) Markell Holl Mathematics (Give address to which approved copy of this form is to be sent) Markell Mathematics (Give address to which approved copy of this form is to be sent) Markell Mathematics (Give address to which approved copy of this form is to be sent) Markell Mathematics (Give address to which approved copy of this form is to be sent) Markell Math (Sec. Math Ma
If change of ownership give name and address of previous owner
and address of previous ownerGULF UIL COTP., P. O. Box 670, Hobbs, NM88240 I. DESCRIPTION OF WELL AND LEASE Lecess Name Linico Monument South 44/8 Eunice Monument (State, Federal or Fee B-1732) Locase Locase Linico Monument South 44/8 Eunice Monument (State, Federal or Fee B-1732) Locase Locase Line of Section 22 Township 21 S Range 36E, NMPM, Loo Con III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cill or Condensate Address to which approved copy of this form is to be senty Markeel Authorized Transporter of Cill or Dry Gos Address (Give address to which approved copy of this form is to be senty Markeel Authorized Transporter of Cill or Dry Gos Address (Give address to which approved copy of this form is to be senty Markeel Authorized Transporter of Cill Sec. Twp. 18 and 1910, Midland 24, 7970 Markeel Authorized Transporter of Cill Sec. Twp. 18 and 1910, Midland 24, 7970 Markeel Authorized Transporter of Cill Sec. Twp. 18 and 1910, Midland 24, 7970 Markeel Authorized Transporter of Cill Sec. Twp. 18 and actually connected? When 1970 It well produces of Inguide. Unit Sec. Twp. 18 and actually connected? When 1970 Markeel 21 21 21 23 364 If this production is commingled with that from any other lease of pool, give compringting order number: NOTE: Complete Parts IV and V on reverse side if necessary. A. CERTIFICATE OF COMPLIANCE OIL CONSERVATION, DIVISION
II. DESCRIPTION OF WELL AND LEASE Lease Name Sunice Monument South 448 Eurice Monument (Sina or Lease Locenian Unit Letter <u>H</u> : 2080 Feet From The <u>Mathenel</u> Line and <u>GCO</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Loo</u> <u>Con</u> <u>HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</u> Name of Authorized Transporter of CII <u>or Condenacte</u> <u>Ball 910</u> , <u>Mich approved copy of this form is to be senif</u> <u>Mathenell Problem</u> <u>Condenacte</u> <u>Ball 910</u> , <u>Mich approved copy of this form is to be senif</u> <u>Mane of Authorized Transporter of CII</u> <u>sec.</u> <u>Twp.</u> <u>Inge.</u> Is gas actually connected? <u>III produces oil or liquida</u> , <u>Unit</u> <u>isec.</u> <u>Twp.</u> <u>Inge.</u> Is gas actually connected? <u>IVEN DOMENDOMENDE</u> <u>It well produces oil or liquida</u> , <u>122</u> , <u>215</u> , <u>366</u> <u>Mas</u> <u>1970</u> , <u>Mich Monume</u> <u>1400</u> , <u>Mich Monume</u> <u>152</u> , <u>215</u> , <u>366</u> <u>Mas</u> <u>152</u> , <u>215</u> , <u>366</u> <u>Mas</u> <u>152</u> , <u>2015</u> , <u>366</u> <u>Mas</u> <u>152</u> , <u>2015</u> , <u>20</u>
Leeve Name Weil No. Pool Name, including Formation Kind of Leeve State, Federal or Fee B-173-2 Leave Location Unit Letter_H_: 2030 Feel From The <u>MOHL</u> Line and <u>GGO</u> Feel From The <u>Eavet</u> Line of Section <u>7.2</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Leave</u> Contained Transporter of Cill or Condensate [] Mare of Authorized Transporter of Cill or Condensate [] Address (Give address to watch approved copy of this form is to be sent? <u>MULL</u> <u>1001</u> <u>1000</u>
Sunice Monument South 44/8 Eunice Monument State Kind of Lease Location Init Unit Letter
Location With the Subtraction of tanks of the State of Point State of Section State of Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 22 Township 21 S Range 36 E, NMPM, Low Contended to the Section 32 Township 21 S Range 36 E, NMPM, Low Contended to the Section 32 Township 21 S Range 36 E, NMPM, Low Contended to the Section 32 Township 21 S Range 36 E, NMPM, Low To Township 21 S Range 36 E, NMPM, Low Township 20 Section 32
Line of Section 22 Township 215 Range 36E, NMPM, Lew Court of Content of Cont
Line of Section 22 Township 215 Range 36E, NMPM, Lew Court of Content of Cont
Hange Hang
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensatie Address (Give address to which approved copy of this form is to be sent) Shell Pipline Conp. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter pl Costogneed Gas or Dry Gas Name of Authorized Transporter pl Costogneed Gas or Dry Gas Name of Authorized Transporter pl Costogneed Gas or Dry Gas Name of Authorized Transporter pl Costogneed Gas or Dry Gas Name of Authorized Transporter pl Costogneed Gas or Dry Gas Name of Authorized Transporter pl Costogneed Gas or Dry Gas Name of Authorized Transporter pl Costogneed Gas or Dry Gas Name of Authorized Transporter pl Costogneed Gas or Dry Gas
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter pt Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Hateline Phillips Hateline If well produces oil or liquida, Unit Sec. Twp. Rge. Is gas actually connected? When Market from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter pt Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Hateline Phillips Hateline If well produces oil or liquida, Unit Sec. Twp. Rge. Is gas actually connected? When Market from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION
Hillips Hillips Hillips Hollips Holips Holip
Phillips Hale Hale </td
give location of lanks. I 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. I. CERTIFICATE OF COMPLIANCE DIL CONSERVATION DIVISION
Image: State of location of lanks. Image: State of location of lanks. Image: State of location of lanks. If this production is commingled with that from any other lease or pool, give commingling order number: Image: State of location of lanks. NOTE: Complete Parts IV and V on reverse side if necessary. Image: State of Complete OF COMPLIANCE OIL CONSERVATION DIVISION
NOTE: Complete Parts IV and V on reverse side if necessary. T. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION
I. CERTIFICATE OF COMPLIANCE
I. CERTIFICATE OF COMPLIANCE
hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED JEP 3 1900
the complete with and that the information given is true and complete to the best of
BY BY May my
DISTRICT 1 SUPERVISOR
This form is to be filed in compliance with RULE 1106.
(Signature) Area Engineer If this is a request for allowable for a newly drilled or deepe tests taken on the well in accordance with Bull 7 113
(Title) All sections of this form much be fits
sble on new and recompleted wells.
Fill out only from the
(Date) well name or number, or transporter, or other such change of own Separate Forms Calld must be filled if
Separate Forms C-104 must be filed for each pool in multi completed wells.
nn an tha ann an tha

•