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STATE OF NEW MEXICO	· · · · · · · · · · · · · · · · · · ·
ENERGY AND MINERALS DEPARTMENT	
	Form C-104
	Rensed 10-01-78
SANTA PE OIL CONSERVA	ATION DIVISION Page 1
P. O. BOX 2088	
U.B.O.B. SANTA FE, NEW MEXICO 87501	
LAND OFFICE	
TRANSPORTER OIL	
OFERATOR AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator	
CHEVRON U.S.A. INC.	and the second
Address	
P. O. Box 670, Hobbs, NM 88240	and the second
Reason(s) for filing (Check proper sox)	Other (Please explain)
New Well Change in Transporter of:	
	Name Change Effective 7-1-85
	ondensate
and address of previous owner Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240	
and address of previous owner Outroff Corp., 1. O. Box 070, HODDS, NM 00240	
T DECOUDENN OF WELL AND LEASE	
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease A Lease No.
A 1 Day da (MAT-H) 3 Landia	Mattill State, Federal or Fee B-229:
J.S. Juliun (19 11 - 10 with mill) manual (1)	
Unit Letter_J: 1980 Feet From The Altthe Line and 1980 Feet From The East	
Unit Letter : 1980 Feet From The Altter Line and 1980 Feet From The Cast	
Line of Section // Township 235 Range	36E, NMPM, LOA County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Cil or Condensate	Asacess (Give address to which approved copy of this form is to be sent)
177	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	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 connected? When
give location of tanks.	1 ******************************
If 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.	
	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	CIE GONGERVATION DIVISION
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	BY CP1841 124 To
my knowledge and belief.	BY PIALI AN MA
	TITLE DISTRICT I SUPERVISOR
\cap	
$(\gamma(1))/ f$	This form is to be filed in compliance with RULE 1104.
- h.d. Vine	If this is a request for allowable for a newly dritted and
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULI 111.
All sections of this form must be filled out completely for allow- (Title) able on new and recompleted wells.	
5-31-85 Fill out only Sections I. II. III. and VI for changes of annual	
(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
,	completed wells.
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