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STATE OF NEW MEXICO	•
ENERGY AND MINERALS DEPARTMENT	F 0 101
80. 87 COPILA SILLINES	- Form C-104 - Revised 10-01-78
DISTRIBUTION OIL CONSERVA	ATION DIVISION
BANTAFE	OX 2088 .
	W MEXICO 87501
LAND OFFICE	
TRANSPORTER OIL	
OPERATOR RECUEST FO	DR ALLOWABLE
PROBATION OFFICE	AND
AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	• • • • • • • • • • • • • • • • • • •
Address	
P. 0. Box 670, Hobbs, NM 88240	1942 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 -
Reason(s) for filing (Check proper box)	Other (Please explain)
New Vell Change in Transporter of:	
Recompletion Cil D	Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas C	Condensate
I change of ownership give name Gulf Oil Corp., P. O. H	Box 670, Hobbs, NM 88240
and address of previous owner Our Orr Corp., r. O. r	DOA 070, 10005, INT 00240
I. DESCRIPTION OF WELL AND LEASE	
Logae Name // Weil No.   Pool Name, including F	ormation Kind of Lease
Kallon Rhunson, 14 K. Him D	A h A State, Federal or Fee ) "
Location	
the laws /2 . 108/2 - Yast	1874 State State
Unit Letter ( ) : dual feet From The Unit Lin	ne and Feet From The
Line of Section / Township 225 Range	37E, NMPM, Sea Cour
	the former Court
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS
Name of Authorized Fransporter of Cil C or Condenacte	Adaross (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corn.	Det 1910 midland Il 1970.
Name of Authorized Transporter of Casingnead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	15041589 Julia ARI 74100
If well produces oil or liquide. Unit Sec. Twp. Rge.	Is gas actually connected? Whyn
give location of lanks.	110 3-25-75
f this production is commingled with that from any other lease or pool,	
NOTE: Complete Parts IV and V on reverse side if necessary.	17 (c)
	OIL CONSERVATION OWESIGN
7I. CERTIFICATE OF COMPLIANCE	
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
een complied with and that the information given is true and complete to the best of	
ay knowledge and belief.	BY
	TITLE DISTRICT 1 SUPERVISOR
$ Y(I)  \neq 1$	This form is to be filed in compliance with RULE 1104.
- n.d. v me_	If this is a request for allowable for a set of the
(Signalwe)	well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.
Area Engineer	All sections of this form must be filled out completely for all able on new and recompleted wells
	able on new and recompleted wells.
(Tille)	
5-31-85	Fill out only Sections I. II. III. and VI for changes of an
	Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit
5-31-85	Separate Forms C-104 must be filed for each pool in mult
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5-31-85	Separate Forms C-104 must be filed for each pool in mult
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RECEIVED JUL <sup>3 ()</sup> 1985 O.C.D. HOBBS OFFICE

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