STATE OF NEW MEXICO

PROBATION OFFICE P. O. B SANTA FE, NE SANTA FE, NE TRANSPORTER OIL OPERATOR PROBATION OFFICE PROBATION OFFICE	ATION DIVISION OX 2088 W MEXICO 87501 OR ALLOWABLE AND SPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	. Carina
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper dox)	्रमक के के क्षेत्रक के जिल्लाक के किए के किए के किए के किए किए के किए के किए किए किए किए किए किए किए किए किए क
New Well Change in Transporter of: Recompletion Oil	Other (Please explain) Name Change Effective 7-1-85 Condensate
If change of ownership give name and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Amanda Blinellier	Lease No.
Unit Letter <u>J: 1980</u> Feet From The <u>South</u> Li	ne and 1980 Feet From The East
Line of Section 25 Township 225 Range	37E, NMPM, Lew County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	I GAS
Supaco Producing Onc.	Adagoes (Give address to which approved copy of this form is to be sent) Div 3000, Julsa of 74102
Morthern Metural Gasi	Dox 308, Omana, Naira de 08101
give location of tanks. J 25 225:376	Is gas actually connected? When Unknown
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.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED AUG 14 1995 . 19
	TITLE DISTRICT 1 SUPERVISOR
Area Engineer	This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 181.
(Title) 5-31-85	All sections of this form must be filled out completely for allowable on new and recompleted wells.

5-31-85

(Date)

DIVISION 0 87501

			. एक करेक्टब्रे
Dry Gas Condensate	Other (Pleas Name (Change Effective 7-1-85	
Box 670	, Hobbs,	NM 88240	
Has		Kind of Lease State, Federal or Fee. 100 #	Lease No.
Line and	980	Feet From The East	The state of the s
.37E	, NMPM	Lea	County
AL GAS			Harry Line
De U	Give address.	to which approved copy of this form is to	be sent)
Boy .	308, and	to which approved copy of this form is to MANA, Nairaska	08/01
E is gas act	leasily connected	when Unknow	yū I
l, give comm	ingling order	number:	
	_	ONSERVATION DIVISION	
APPRO	NED	AUG 14 1985	19
TITLE		DISTRICT 1 SUPERVISOR	•

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

completed wells.

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

RECEIVED

JUL 3 (1985