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STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	
89. 80 capies pecerics	Form C-104
DISTRIBUTION OIL CONSESS	Revised 10-01-78 • VATION DIVISION Format 06-01-83
. I a	Page 1
\$. U.	BOX 2088
LAND OFFICE SANTA FE, N	EW MEXICO 87501
TRANSPORTER CIL.	
· · · · · · · · · · · · · · · · · · ·	FOR ALLOWABLE
PROBATION OFFICE	AND
AUTHORIZATION TO TOA	NSPORT OIL AND NATURAL GAS
	NOPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	The state of the s
Address	
P. O. Box 670, Hobbs, NM 88240	or market and a
Reason(s) for trling (Check proper dox)	
New Well Change in Transporter of:	Other (Please explain)
Recompletion Cil	Dry Goa Name Change Effective 7-1-85
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Casinghead Gas	Condensate
.If change of ownership give name Coll 5 017 c	
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
	00210
II. DESCRIPTION OF WELL AND LEASE	
,,)	Formation King of Lease
Butman 1 Julie I	Code No.
Location	Side, Federal of Fee
Unit Letter N: 660 Feet From The South	tine and 1980 Francis West
And Car	fine and 1700 Feet From The Most
Line of Section /9 Township 325 Range	20E Page Million Million
Hange .	JOC , NMPM, LOC County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
Name of Authorized Transporter of CII gr Condensate	IL GAS
Julan Doin Marian Pinal	Aggress (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castinghed Co.	Doy 2508 Holeles In 88240
Name of Authorized Tinnspoker of Castaghed Gas or Dry Gas	Boy 1589 Julpa of copy of this form is to be sent
THORNOTONIA LIES CO.	-1000 JOX MAGHAL MALLA BALLOVA INTO
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gds actually connected? When
17 19 600 38C	
If this production is commingled with that from any other lease or pool	give commingling order author
	order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
W CEPTIFICATE OF COMPULANCE	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	A(1,1) = A(1,1) + A
been complied with and that the information given is true and complete to the best of	APPROVED RU
ny knowledge and belief.	BY PARLI Jy
	TITLE DISTRICT 1 SUPERVISOR
$(Y(1)/1)^{2}$	11 1/
1. Italie	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of deepened
Area Engineer	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Title)	All sections of this form must be fitted and

All sections of this form must be filled out completely for allow-

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.

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

able on new and recompleted walls.

5-31-85

(Date)