STATE OF NEW MEXICO			
ENERGY AND MINERALS DEPARTMENT			
00. 47 COPILA SECCIVES			Form C-104
	ONSERVATION DIVISION	i	Revised 10-01-78
FILE	P. O. BOX 2088		Page 1
LAND OFFICE SAI	TA FE, NEW MEXICO 87501		•
TRANSPORTER OIL			•
OPERATOR	REQUEST FOR ALLOWABLE	•	2
AUTHORIZAT	AND IN TO TRANSPORT OF	•	a far i ann ann ann an thair
1. Operator	ON TO TRANSPORT OIL AND NATURA	L GAS	The second s
CHEVRON U.S.A. INC.			
A647088			• ÷
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper box)			
New Well Change in Trans	Other (Please ex	(plain)	
Recompletion Cil		ange Effective 7-	1_85
Change in Ownership Casinghead	as Condensate	3CCLIVE /-	.1-0]
If change of ownership give name Gulf Oil Corr and address of previous owner Gulf Oil Corr			
	., P. O. Box 670, Hobbs, NM	88240	
II. DESCRIPTION OF WELL AND LEASE	under Drenkard. a.	lik-	
Alathing Pools	me, including Formation R Starts Kir	nd of Lease	A Locase No.
Location	Aribard 2/1/5% Sto	nte, Federal an Fee	tee
Unit Letter : 660 Feet From The se	outure 1900		1
1	Line and 100 F	eet From The <u>Rast</u>	<u> </u>
Line of Section 29 Township 225	Range 38E , NMPM, C	Lea)	County
III. DESIGNATION OF TRANSPORTER OF OIL AN			County
Name of Authorized Transporter of Cil Or Condensat	Adaress (Give address to wh	NCA Approved come of these	
Name of Authorized Transporter of Casingneed Cas of D		Wheles nm	SP 71/0
Warren Petroleum	Y Gas Address (Give address to wa	ich approves copy of this f	orm is to be sent
If well produces oil or liquids, Unit Sec. Tw	Rge. Is gas actually connected?	ulsa ok	74100
a a a	5.38E 240	When	0 0 0 -)
If this production is commingled with that from any other i	ase or pool, give commingling order num	WILKING	Flow
NOTE: Complete Parts IV and V on reverse side if ne	essary.		
VI. CERTIFICATE OF COMPLIANCE	JA		
•	OIL CONS	FRYATION DIVISION	N
hereby certify that the rules and regulations of the Oil Conservation seen complied with and that the information given is true and complet my knowledge and belief	Division have APPROVED	0614 1985	•
ny knowledge and belief.	to the best of BY	1 2.1 -	
-		and an	
$\mathcal{O} \mathcal{O} \mathcal{O}^{\ast}$		STRICT 1 SUPERVISO	
_ U.L. Patre	This form is to be fl	led in compliance with	RULE ILA
(Signalwe)	well, this form must be	or allowable for a newly	drilled or doors
Area Engineer	I tests taken on the well in	ACCOMINGA NUM	ton of the deviation
5-31-85	able on new and recomple	orm must be filled out co ted wells.	empletely for allow
(Date)	Fill out only or or	-	
•	well name or number, or tra Separate Forma C-10	insporter, or other such c	hange of condition.
•	I completed wells.	4 must be filed for each	h pool in multiply
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