

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 05-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

CHEVRON U.S.A. INC.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☒ Change in Ownership

Other (Please explain)

Name Change Effective 7-1-85

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

|                 |          |                                                          |                      |            |
|-----------------|----------|----------------------------------------------------------|----------------------|------------|
| Lease Name      | Well No. | Pool Name, including Formation                           | Kind of Lease        | Lease No.  |
| Vivian          | 1        | Subh Gas                                                 | State, Federal (Fee) |            |
| Location        |          |                                                          |                      |            |
| Unit Letter     | C        | 660 Feet From The North Line and 1980 Feet From The West |                      |            |
| Line of Section | 30       | Township 22S                                             | Range 38E            | County Lea |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Texas New Mexico Pipeline                                                                                     | Box 2528, Hobbs, NM 88240                                                |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Harrier Petroleum Co.                                                                                         | Box 1589, Tulsa, OK 74106                                                |
| Northwestern Natural Gas Co.                                                                                  | Box 303, Omaha, Nebraska 68101                                           |
| If well produces oil or liquids, give location of tanks.                                                      | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|                                                                                                               | C 30 22S 38E Yes 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

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.

R.D. Pite

(Signature)

Area Engineer

(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

AUG 28 1985

APPROVED

BY

DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable 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 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 filled for each pool in multiply completed wells.

RECEIVED

AUG 27 1985

O.C.D.  
HOBBS OFFICE