## STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

|                  |     | 1 |               |
|------------------|-----|---|---------------|
| DISTRIBUTI       | OM  |   | $\overline{}$ |
| SANTA PE         |     |   | $\vdash$      |
| FILE             |     |   | Т             |
| V.S.a.s.         |     |   | _             |
| LAND OFFICE      |     |   |               |
| TRANSPORTER      | OIL |   |               |
|                  | BAB |   |               |
| OPERATOR         |     |   |               |
| PRORATION OFFICE |     |   |               |

## OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-83

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

| FICE   | 1                          | P. U. I                | BOX 2088           |  |   |
|--|----------------------------|------------------------|--------------------|--|---|
| U.S.O.S.   |                            | SANTA FE, N            | EW MEXICO 8        | 7501   |   |
|  |                            |                        |                    |  |   |
| TRANSPORTER GAS  | * ***<br>1                 | " DECVIEET :           | OD 44 1 000 1 5    |  | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| OPERATOR   | 4                          | KEMOE21 F              | OR ALLOWABLE       |  |   |
| PROBATION OFFICE   | - ALITHODI                 | ZATION TO TOAK         | AND                |  | ***                                     |
| 1.   | — AUTHORI                  | ZATION TO TRAN         | ISPORT OIL AND     | NATURAL GAS                                      | TENED.                                  |
| Operator   |                            |                        |                    |  |   |
| CHEVRON U.S.A. I   | NC.                        | •                      |                    |  |   |
| Address  | <u></u>                    | <del></del>            |                    |  |   |
| P. O. Box 670, H   | ND( 000(                   | •                      |                    |  |   |
| Reason(s) for filing (Check pro  | obbs. NM 8824              | 0                      | 10:                |  |   |
| Now Well   |                            | Transporter of:        | Uther (            | (Please explain)                                 |   |
| Recompletion   |                            | _                      | Na                 | me Change Effecti                                | ve 7-1-85                               |
| X Change in Ownership  | <b>~</b>                   | . —                    |                    |  | ve 1-1-05                               |
| EX CIRINGS IN CONSTRUCT  | Casing                     | head Gas               | Condensate         |  |   |
| If change of ownership give i  | NAME                       |                        | -                  |  |   |
| and address of previous owner  | gulf Oil                   | Corp., P. O.           | Box 670, Hob       | bs, NM 88240                                     |   |
|  |                            | ^                      | * P                |  |   |
| II. DESCRIPTION OF WEI   |                            | K-85-63                | is Bollman         | Ock of kilo                                      |   |
| Lease Name   | Well No. F                 | ool Hame, including    | Formation          | Kind of Lease                                    | A. Legse No.                            |
| 1. A. Hadren   | 2                          | Arenka                 | rd                 | State, Federal or Fee                            | State # 4417-1                          |
| Location   | ,                          | A . 1                  | ,                  |  | , , , , , ,                             |
| Unit Letter;   | 990 Feet From              | The South i            | 100 and 99/        | 5  | 8 4                                     |
|  |                            | C.                     |                    | Feet From The                                    | case                                    |
| Line of Section 32   | Township 22 -              | *Range                 | 38 E               | NMPM.  | _                                       |
|  | •                          |                        |                    | ······································           | County                                  |
| III. DESIGNATION OF TR   | ANSPORTER OF OI            | T AND NATURA           | I CAS              |  | • •                                     |
| Name of Authorized Transporter   | of Cil Or Con              | denacte                | Andress (Give add  | dress to which approved copy                     | of this form is to be seen              |
| Julan Mour M   | rollico Pic                | olino.                 | 1 Roll 25          | DO distille                                      | 770 807/10                              |
| Name of Authorized Transporter   | of Castagnead Gas          | or Dry Gas             | Address /Give add  | dress to which approved copy                     | 1111 00040                              |
| Warren Pots  | ploum T                    |                        | Rn1 150            | 00 000000000000000000000000000000000000          | of this form is to be sent;             |
| 7/00 000 1000  | Unit Sec.                  | Twp. Rge.              | Is gas actually co | 7, Just o  | R 14100                                 |
| If well produces oil or liquide, give location of tanks.                       |                            | ,                      | 7/                 | nnected? When                                    |   |
| L  | <del></del>                |                        | ! yes              |  | uknoun                                  |
| If this production is commingle  | ed with that from any e    | other lease or pool,   | give commingling   | order number:                                    |   |
| NOTE: Complete Parts IV  | and V on reverse side      | e if necessary         |                    |  |   |
|  |                            |                        |                    |  |   |
| VI. CERTIFICATE OF COM   | PLIANCE                    |                        | 0                  | IL CONSERVATION D                                | IIVUSIDAI                               |
| •  |                            | •                      | II. A              | AUGTZ  | 1985                                    |
| I hereby certify that the rules and re<br>been complied with and that the info | gulations of the Oil Conse | ervation Division have | APPROVED_          |  |   |
| my knowledge and belief.   |                            | omplete to the best of | - (/ 0             | 124 /247   |   |
| ,  |                            |                        | BY                 | 7  | 2171                                    |
|  |                            | •                      | TITLE              | DISTRICT'1 SUP                                   | ERVISOR                                 |
|  | 7.1                        |                        | レ                  |  |   |
|  | 1                          |                        | This form          | is to be filed in complian                       | CO WITH MULE 1104.                      |
|  | Signalwe)                  |                        | li if this is a    | request for allowable for                        | a aand. Assa.                           |
| Area Eng   | •                          |                        |                    | must be accompanied by the well in accordance wi |   |
| Area Eng   | (Title)                    |                        | All section        | s of this form must be fill                      | ed out completely for allow-            |
| E 21   | •                          |                        | able on new and    | d recompleted wells.                             | and and combining lot allow             |
| 5-31-  | (Date)                     |                        | Fill out on        | ly Sections I. II. III. and                      | d VI for changes of owner.              |
|  | 10-14/                     | ĺ                      | well name or nu    | mber, or transporter, or othe                    | er such change of condition.            |
|  |                            |                        |                    |  |   |

RECEIVED

JUL 3 J 1985