STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

-0. 07 (07:40 744	21750	T	
DISTRIBUTI	0 M	†	
SANTA PE		1-	\vdash
FILE		1	\vdash
U.S.Q.S.			\vdash
LAND OFFICE		1	
TRANSPORTER	OIL	1	
	BAD		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format C6-01-83 Page 1

SANTA FE, NEW MEXICO 87501

TRANSPORTER OIL REQUEST FO	R ALLOWABLE			
A	ND The state of th			
	PODT OIL AND MATURAL CAS			
<u>I</u>	FOR FOIL AND NATURAL GAS			
Operator				
CHEVRON U.S.A. INC.				
Address				
P. O. Box 670, Hobbs, NM 88240	* . d . 4			
Reason(s) for tiling (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
Recompletion OII Dr	Name Change Effective 7-1-85			
E Casinghada Gas G	and ensite			
If change of ownership give name Gulf Oil Corp., P. O. B	Box 670, Hobbs, NM 88240			
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, including Fo	Lease No.			
T. R. andrews 8 South Pade	dock State, Federal or Fee State " B-4467-1			
Location	D 7767-1			
Unit Letter I : 1980 Feet From The South Line	and 865 Feet From The East			
Line of Section 32 Township 225 Range	38E, NMPM, Lea County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter of Cil or Condensate	Asagess (Give audress to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghed Gas (7) or Dry Gas (7)	BOX 2528 Hobbles 1/1 88240			
	Address (Give address to watch approved copy of this form is to be sent)			
Warren Petroleum	BOU 1589 Julsa OR 74100			
If well produces oil or liquids, Unit Sec. Twp. Rge.	is gas actually connected? When			
give location of tanks. H 32 225 38E	yes 2-22-67			
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.				
	1			
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.

	R. D. Pite	•
	(Signalwe)	
	Area Engineer	
-	(Title)	

(Dote)

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 AULE 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 filed for each pool in multiply completed wells.