STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL		
GAS	1	
KK		
		OIL GAS

Revised 10-01-78 Formal 06-01-83

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P. O. BO	X 2088
U.S.O.S. SANTA FE, NEW	V MEXICO 87501
LAHO OFFICE	•
TRANSPORTER OIL	the second secon
REQUEST FOR	RALLOWABLE
PROPATION OFFICE	ND
AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS
I.	
Operator	
CHEVRON U.S.A. INC.	···
Address	
P. O. Box 670, Hobbs, NM 88240	. 194
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	None Change Effective 7.1.05
Recompletion CII Dr	Name Change Effective 7-1-85
	anden sate
La contra in decision	
If change of ownership give name Cult Oil Corp. B. O. B.	
and address of previous owner Gulf Oil Corp., P. O. B	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Legae Nome	ρ
K G Coll NCI-A) // Crentara	State, Federal or Fee 5-3480-/
Location	
Unit Letter : 1980 Feet From The South Line	e and 1980 Feet From The Const
Unit Letter : 1100 Feet From The 2000 Line	The Control of the Co
Line of Section 6 Township 22-5 Range 3	OF NMPM, LIA County
Clus et 24ction 1 & tement & & 2	, true m, (1.500)
THE TEETCALATIONS OF THE ASSESSMENT OF SAME STATES AT	TAT
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Againss (Give audress to which approved copy of this form is to be sent)
Made Pingling + One	Roll 1010 midla d 11/ 1000
Spell repetition (1)	1004 1910 Milliana S4 17101
Name of Authorized Transporter of Castagneed Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Marren Petroleum	Det 1589 Jula 040 14100
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When
give location of tanks.	1 Cles Inknown
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.	
	OIL CONCEDIATION DUVISION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG I 4 1985
been complied with and that the information given is true and complete to the best of	, 19
my knowledge and belief.	BY PARLA JAY Ton
-	
•	TITLE DISTRICT 1 SUPERVISOR
$(\mathcal{N} \cap \mathcal{N}) \cdot I$	This form is to be filed in compliance with RULE 1104.
1x. I Vate	If this is a request for eliquishin for a popular della de

R. D. Pite	
(Signature)	,
 Area Engineer	
 (Title)	
5-31-85	

(Date)

llowable 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 filed for each pool in multiply completed wells.

RECEIVED

JUL 3 0 1985

O.C.D. HOSES OFFICE