STATE OF NEW MEXICO

5-31-85

ENERGY AND MINERALS DEPARTMENT

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THIBUT	O#	+	
BANTA PE		1	_
FILE		1	_
U.B.a.s.			_
LAND OFFICE			
TRANSPORTER	OIL		
	DAS	1	_
OPERATOR			_
2500 4510			_

OIL CONSERVATION DIVISION

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

1	Page 1
P. O. E	OX 2088
	IW MEXICO 87501
LAND OFFICE	·
TRANSPORTER GAS DEDUCT E	
OPERATOR REQUEST F	OR ALLOWABLE
PROPATION OFFICE	AND
AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS
Operator	
CHEVRON U.S.A. INC.	
Address	
P. O. Box 670, Hobbs, NM 88240	<u> </u>
Reason(s) for tiling (Check proper dox)	Other (Please explain)
New Well Change in Transporter of:	Nama Change Effective 7.1.95
Recompletion Cil	Dry Gos Name Change Effective 7-1-85
X Change in Ownership Casinghead Gas	Condensate
If change of ownership give name Gulf Oak Care D. O.	D (70 W.)
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	
Lease Name West No. Poor Name, including	
mark 9 Pensone	Skelly State, Federal or Fee #
Location	
19172 500 500 The Month.	ine and 1972 Feet From The East
Unit Letter G: 2/14 Feet From The 1/0000 L	ine and Feet From The
Line of Section 3 Township 22-5 Range	37-E, NMPM, Lea County
Cine of Section O Foundary Do O Range	STEE , NMPM, & La County
III DEGICA ATTOM OF THANGROPETED OF OH AND MARTIN	T 0.0
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit	
And have many market on the	Address (Give address to which approved copy of this form is to be sent)
Segas True Medico Moeline	1 Day 2527 Holly 7/11 88240
Name of Authorized Transporter of Casinghed Gas Tory Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	1501 1574 Julya ok 74100
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When
give location of tanks.	Un Unknown
	and with the
If this production is commingied with that from any other lease or pool	, give comminging order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
• .	11. A HIII 1 2 100E
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	
my knowledge and belief.	BY PARLY ANY Tons
	TITLE DISTRICT 1 SUPERVISOR
· · · · · · · · · · · · · · · · · · ·	TITLE SIGNALLY I SUPERVISOR
$(V \cap I) \cdot L$	This form is to be filed in compliance with RULE 1104.
U. V. Vite	If this is a request for allowable for a newly drilled or deepened
(Signature)	well, this form must be accompanied by a tabulation of the
•	If well, this torn must be accompanied by a tabulation of the device.
Signature) Area Engineer (Title)	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 allowed.

able on new and recompleted wells.

Fill out only Sections I. II, III, end 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.