ENERGY AND MINERALS DEPARTMENT	Form C-104
	Revised 10-01-78 Format 06-01-83
DISTRIBUTION	TION DIVISION Page 1
P. O. BOX	
U.S.O.A. SANTA FE, NEW	MEXICO 87501
LAND OFFICE	
TRANSPORTER DAS REQUEST FOR	
AN A	
I. Operator	and a second
CHEVRON U.S.A. INC.	
	and the second
P. O. Box 670, Hobbs, NM 88240 Resson(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Name Change Effective 7-1-85
	y Gas ndensate
X Change in Ownership Casinghead Gas Cor	
If change of ownership give name Gulf Oil Corp., P. O. Bo	ox 670, Hobbs, NM 88240
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Hame, Including Fo	ormation Kind of Lease A Lease No.
1/ T Watter (NOT-D) 1/6 Bling hur	State, Federal or Fee Tee "
Location	
Unit Letter E : 1650 Feet From The Harth Line	e and Feel From The
7 075	37E NMPM, Ken County
Line of Section Township A Range	J/C , ISMETM, C POLICE
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transposses of Cil	Address (Give address to which approved copy of this form is to be sent)
Att, Judg + Jransp-	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castaghead Gas or Dry Gos	Rol 1509 - 4. hrs OK 74100
Warsen Vicoum Unit	Is gas actually connected? When
If well produces oil or liquids. give location of tanks. WW14 7 325 37E	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.	
	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION AUG 1 4 1985
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is the and complete to the best of	BY PARIA Jest m.
my knowledge and belief.	DISTRICT 1 SUPERVISOR
(YDN+	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for sllowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat
Area Engineer	tests taken on the well in accordance with RULE 111.
(Tule)	All sections of this form must be filled out completely for all sble on new and recompleted wells.
5-31-85	Fill out only Sections I. II. III, and VI for changes of own
(Date)	well name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multi
	Completed wells.
	I completed wells.

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## RECEIVED

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