## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		П	
DISTRIBUTION			
SANTA PE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THE STATE OF THE S	DAS		
OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

• • •		REQUE	EST FOR	ALLOW	ABLE		
	~		AN	D		•	
AUTI	HORIZAT	סד אסו	TRANSP	ORT OIL	AND	NATURAL	GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  I. Concernor CHEVRON U.S.A. INC. Address  P. O. Box 670. Hohbs. NN 88240  Recompletion Condensors  P. O. Box 670. Hohbs. NN 88240  Recompletion Condensors  Change in Transporter of: Condensors  Cond	OPERATOR	ND
CHEVRON U.S.A. INC.  Address  P. O. Box 670. Hobbs. NM 88240  Recencial for filing (Check proper does)    New Wall   Change in Transporter of:	. PROPATION OFFICE	in the second of
CHEVRON U.S.A. INC.  Address P. O. Box 670. Hobbs, NM 88240  Reson(s) for filing (Creek proper sox;  New Well Recompletion Coll Recompletion Coll Condensate  Condensate  If change of ownership give name and address of previous owner  Gulf 011 Corp., P. O. Box 670, Hobbs, NM 88240  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Lease Name  Vell No. Pept Progress, including formation Unit Letter  State, Federal offee  Township 25 Range  Range 38 NAPM  Line of Section Township 25 Range  Range 38 NAPM  County  III. DESIGNATION OF TRANSPORTER OF OH AND NATURAL GAS  Name of Authorised Transporter of Cull Organisms of County  Name of Authorised Transporter of Cull Organisms of County  Name of Authorised Transporter of Cull Organisms of County  Name of Authorised Transporter of Cull Organisms of County  III well produces oil or liquide. If well produces	I.	
Recon(s) for filing (Check proper past)  Name Change Effective 7-1-85    Name Change Effective 7-1-85   Name Change Effectiv	Operator	
P. O. Box 670, Hobbs, NM 88240  Restor(s) for filing (Cheek proper box)    Name Change in Change in Transporter of:   Dry Gas	CHEVRON U.S.A. INC.	
Resonate to thing (Cheek proper box)    Resonation to thing (Cheek proper box)   Recompletion	Address	
New Well   Change in Transporter of:   Dry Gas   Recompletion   Cil   Dry Gas   Candensote	P. O. Box 670, Hobbs, NM 88240	1 4 4 <b>21</b> 4 21 4
Recompletion CII Dry Gas Name Change Effective 7-1-85  If change of ownership give name Gulf Oil Coxp., P. O. Box 670, Hobbs, NM 88240  If change of ownership give name Gulf Oil Coxp., P. O. Box 670, Hobbs, NM 88240  II. DESCRIPTION OF WELL AND LEASE  Lease Name    Well No.   Expl.   Popt Prop.   Including formation   Kind oil Lease   State, Federal of the population   State, Federal of the populat		Other (Please explain)
Common in Ownership   Casinghead Gas   Condensate	New Well Change in Transporter of:	Name Change Effective 7.1.85
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Expl.   Property including formation   Kind of Lease   Lease No.    Location   Interest   Intere	Recompletion CII Dr	y Gas Mame Change Effective 7-1-65
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Pept Page, including formation   Kind of Lease	X Change in Ownership Casinghead Gas Co	andensate
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Pept Page, including formation   Kind of Lease		
II. DESCRIPTION OF WELL AND LEASE  Lease Name    Lease Name		Box 670, Hobbs, NM 88240
Lease Name    Location		
Location  Unit Letter B: 800 Feet From The Astal Line and 2250 Feet From The County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil or Congenial Adjess (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cil or Congenial Adjess (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Congenial Adjess (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Congenial Congen	II. DESCRIPTION OF WELL AND LEASE	
Unit Letter B: 800 Feet From The AMELINE and 225 Feet From The  Line of Section 30 Township 225 Range 38E, NMPM, See County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit or Condensate Adagess (Give address to waich approved copy of this form is to be sent)  Name of Authorized Transporter of Cit or Condensate Adagess (Give address to waich approved copy of this form is to be sent)  Name of Authorized Transporter of Castagreed Gas of or Dry Gas Adagess (Give address to waich approved copy of this form is to be sent)  Name of Authorized Transporter of Castagreed Gas of or Dry Gas Adagess (Give address to waich approved copy of this form is to be sent)  Name of Authorized Transporter of Castagreed Gas of or Dry Gas Adagess (Give address to waich approved copy of this form is to be sent)  Name of Authorized Transporter of Castagreed Gas of Dry Gas Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adagess (Give address to waich approved copy of this form is to be sent)  National Adages (Give address to waich approved copy of this form is to be sent)  National Adages (Give address to waich approved copy of this form is to be sent)  National Adages (Give address to waich approved copy of this form is to be	Lease Name   Well No.   Pool Name, including in	
Unit Letter B: 800 Feet From The Addle Line and 2250 Feet From The County  Line of Section 30 Township 25 Range 38 NMPM. See County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit of Concensus Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of County Or City Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of County of County Or City Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of County of County Or City Gas Address (Give address to which approved copy of this form is to be sent)  Warry 1529 July 1529	Tellan 10 Stanle 200	State, Federal of Fee #
Line of Section 30 Township 225 Range 38E, NMPM, La County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil or Condensate Adjust (Live address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Coalagned Gas or Dry Gas Adjust (Live address (Live address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Coalagned Gas or Dry Gas Adjust (Live address (Live address to which approved copy of this form is to be sent)  Nathern Patholium  If well produces oil or liquids. Unit Sec. Twp. Rage. Is gas detually connected? When the operation of tanks.  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.  VI. CERTIFICATE OF COMPLIANCE  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.		22-1
Line of Section 30 Township 22 S Range 38 E NMPM. See County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil or Congensate Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cil or Cycling Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Callagned Gas of or Dry Gas Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Callagned Gas of or Dry Gas Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Callagned Gas of or Dry Gas Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Callagned Gas of Dry Gas Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Callagned Gas of Dry Gas Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cil Conscionation Gas of Dry Gas Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cil Conscionation Gas of Dry Gas Adjust (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cil Conscionation Gas of Dry Gas of Dr	Unit Letter : 800 Feet From The Color Lin	e and 2250 Feet From The Cast
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit or Condensate Address (Give address to which approved copy of this form is to be sent)    Sec.   Twp.   Rgs.   Is qua actually connected?   When   It this production is commangled with that from any other lease or pool, give/commingling order number:    If this production is commangled with that from any other lease or pool, give/commingling order number:    NOTE: Complete Parts IV and V on reverse side if necessary.    VI. CERTIFICATE OF COMPLIANCE   OIL CONSERVATION DIVISION     Ihereby 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.	20 100	20 P
Name of Authorized Transporter of Cit of Condensate Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)   Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)   Name of Authorized Transporter of Coatagneed Gas   Transporter of Coatagneed Gas	Line of Section 20 Township dd Range	28E, NMPM, Sla County
Name of Authorized Transporter of Cit of Condensate Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)    Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)   Name of Authorized Transporter of Coatagneed Gas or Dry Gas   Address (Give address to watch approved copy of this form is to be sent)   Name of Authorized Transporter of Coatagneed Gas   Transporter of Coatagneed Gas	<b>4</b> *•	energy and the second s
Name of Authorized Transporter of Castagneed Gas I or Ery Gas   Address (Give address to watch approved copy of this form to be sent)  Warren retrolling  If well produces oil or liquids.  Unit Sec. Twp. Rgs. Is qua actually connected? When when give location of tanks.  If this production is commangled with that from any other lease or pool, give commangling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  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.  BU 1529 Julia 1 Merch 274/107  Address (Give address to watch approved copy of this form to be sent)  Bu 1529 Julia 1 Merch 274/107  Address (Give address to watch approved copy of this form to be sent)  BU 1529 Julia 1 Merch 274/107  When When I was a distribution of the sent)  BU 1 4 1985  BY 1821 Julia 1 Merch 274  BY 1821	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	
Name of Authorized Transporter of Coalagneed Gas or Dry Gas Address (Give address to watch approved copy of this form is to be sent)  Warren Pottollim  If well produces oil or liquids.  Give location of tanks.  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.  VI. CERTIFICATE OF COMPLIANCE  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.  Address (Give address to watch approved copy of this form is to be sent)  BOU 1589 Julya OK 74/07  When when the production of the Complete Sold of the Complete of the best of my knowledge and belief.	1	Roll 2500 dil Alili To to 2001
Warren Fetholeum  If well produces oil or liquids.  Question of lanks.  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.  VI. CERTIFICATE OF COMPLIANCE  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.  Bou 1529 Julia ok 74/00  Is quas detually connected?  When  OIL CONSERVATION DIVISION  APPROVED AUG 1 4 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B		Del 2028 Hours 1/1/ 08240
If well produces oil or liquids.  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.  VI. CERTIFICATE OF COMPLIANCE  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.  I hereby certify that the information given is true and complete to the best of my knowledge and belief.		Address (Give address to which approved copy of this form is to be sent)
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.  VI. CERTIFICATE OF COMPLIANCE  Thereby 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.  OIL CONSERVATION DIVISION  APPROVED AUG 1 4 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B		Day 1384 Just 092 14100
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.  VI. CERTIFICATE OF COMPHANCE  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.  OIL CONSERVATION DIVISION  APPROVED AUG 14 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	If well produces oil or liquids,	Is day actually connected?
NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPILANCE  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.  OIL CONSERVATION DIVISION  APPROVED AUG 1 4 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B		! Gw
VI. CERTIFICATE OF COMPHANCE  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.  OIL CONSERVATION DIVISION  APPROVED AUG 1 4 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	If this production is commingled with that from any other lease or pool,	give/commingling order number:
VI. CERTIFICATE OF COMPHANCE  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.  OIL CONSERVATION DIVISION  APPROVED AUG 1 4 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	NOTE: Complete Parts IV and V on reverse side if necessary	•
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.  APPROVED AUG 14 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	TOTAL COMPLETE TRAIN IT AND TOTAL TO MEETING.	ıı
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.  APPROVED AUG 14 1985  BY  BY  BY  BY  BY  BY  BY  BY  BY  B	VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
been complied with and that the information given is true and complete to the best of my knowledge and belief.  BY		Nic i a 100c
my knowledge and belief.	I hereby certify that the rules and regulations of the Oil Conservation Division have	. 19
		BY PARLA ANY TOTAL
	•	DISTRICT 1 SUPERVISOR

(Signalwe) Area Engineer

(Title) 5-31-85

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 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