STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** *** ***			
DISTRIBUTION			
SANTA PE		1-1	
FILE		1 1	
U.S.G.S.		1	_
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR		1-1-	
PROBATION OFFICE		1	_

Revised 10-01-78 Format 06-01-83

SANTA PE	OIL CONSERV	A HON DIVISION	Page 1
FILE	P. O. BC	OX 2088	
U.B.G.S.	SANTA FE, NE	W MEXICO 87501	
LAND OFFICE			
TRANSPORTER GIL.	REQUEST FO	R ALLOWABLE	
OPERATOR		MD	and the second of the second o
PROBATION OFFICE	to the street of	PORT OIL AND NATURAL GAS	الرائية المراجعة الم المراجعة والمراجعة المراجعة ا
I.	NOTITION TO TRANS	ORT OIL AND NATURAL GAS	14 사회 전체를 개발
Operator			
CHEVRON U.S.A. I	NC .		2
Address	NO.		
D 0 D (70 H	11 274 00040		ाष्ट्र के अ वे
P. O. Box 670. H. Reason(s) for filing (Check pro	obbs. NM 88240	1011 (01	
(m		Other (Please explain)	
New Aell	Change in Transporter of:	Name Change Et	ffective 7-1-85
Recompletion		ry Gas	7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
X Change in Ownership	Casinghead Gas C	ondensate	
If change of ownership give	Latill City LOTO P (1) 8	Box 670, Hobbs, NM 882	240
and address of previous own	er	7-1- 3/3 , Madda, Mil 002	. 40
II. DESCRIPTION OF WE	IT AND IFACE		
Legae Name	Well No. Pool Name, including F	ormation Kind of Lea	se Legse No.
manda "R" to	rct "C" Julet		1 20000
Trackett Doct	act Jan	Stote, Feder	ral or Fee Jel "
Location	1120 thu h.	1000	- M
Unit Letter _ C;	430 Feet From The MCtth Lin	se and 1980 Feet From	The Most
			4
Line of Section 25	Township 225 Range 3	1E, NMPM, 3	la County
III. DESIGNATION OF T	RANSPORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporte	or Condensate	Agaress (Give address to which appri	oved copy of this form is to be sent?
that hading	() () 	Red 11/2 - midden	d 211 76701
Name of Authorized Transparte		Made 1140 Michelle 18	u, su 17/01
Name of Authorized Transporte		Address (Give address to which appro	o b dilino
Lyaco Produ	cena Inc.	Har 3000, Lusa, C	JR 14102
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	
give location of tanks.	1 C 2X 225 3/E	Ges	MARROWN
If this production is comming	ried with that from any other lease or pool,	give commingling order number:	1-5329
	r	· ·	77 3.56~ 7
NOTE: Complete Parts IV	and V on reverse side if necessary.	•	
	COVILABICE	OIL CONSEDVA	TICAL COLUMN
VI. CERTIFICATE OF COM	IPHANCE	OIL CONSERVA	TION DIVISION
I harabu carrifu that the rules and	regulations of the Oil Conservation Division have	APPROVEDAUG	4 1985
been complied with and that the in	formation given is true and complete to the best of		, 19
my knowledge and belief.		BY PARCE IN	14 m
	1		
		TITLE DISTRIC	T 1 SUPERVISOR
	7.1		
	1,10		compliance with RULE 1104.
(A)	11 Care 1	If this is a request for allow	arabla (as a section and a

R.D.	Pite	
(Signature)		
Area	Engineer	

Area Engineer
(Title)
5-31-85
(Date)

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 151.

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.