## ILLEGIBLE

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STATE OF NEW MEXICO	•	
ENERGY AND MINERALS DEPARTMENT	· Form C-	104
DISTRIBUTION	Revised	10-01-78
SANTA PE	'ATION DIVISION . Formati	06-01-83
P. C. 8	OX 2088	
U.S.O.S. SANTA FE, NE	W MEXICO 87501	
LAND OFFICE		•
TRANSPORTER	OR ALLOWABLE	- 12.7
	AND	
	SPORT OIL AND NATURAL GAS	
Dependency		ি ১০ জিলাই শহুষ্ট র
		-, .
CHEVRON U.S.A. INC.		• 2
		: -1
P. O. Box 670, Hobbs, NM 88240  Reason(s) for filing (Check proper box)		
New Well Change in Transporter of:	Other (Please explain)	-
	Name Change Effective 7-1-8	5
	Condensate	
	Concertagre	
If change of ownership give name Gulf Oil Corp., P. O.	Por 670 Malla No. 20010	
and address of previous owner Gull Oll Corp., P. U.	Box 6/0, Hobbs, NM 88240	
II. DESCRIPTION OF WELL AND LEASE		•
Lease Name , Well No.   Pool Name, including,	formation     Kind of Lease	Lease No.
Oscillar 12 Wants Mi	ANITA OVAL State, Federal or Fee	" Lease No.
Location		
Unit Letter ( : 60 Feet From The MASH	- 2/80 - Was	A: ! .
	ne and Feet From The	<del>~</del>
Line of Section 30 Township 225 Range	38E . NMPM. Lla/	County
	79-0	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA		
Name of Authorized Transporter of Cil or Condensate	Agaress (Give address to which approved copy of this form t	s to be sent) _
Lyas I few 11 kuco riveline	BUL 2528 Holling 7/M 8	18240
Name of Authorized Transparter of Castagneed Gas T or Dry Gas	Address (Give address to which approved copy of this form t	s to be sent!
Warren Petroleum	1 Day 1589 Julsa ok 7.	4100
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When	-
10 ac ada dor		*/*
f 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.		
- in the state of	11	
71. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
hands and to the the relational conference of the O'l Control of the O	11 - 111/11 / 4==	
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of	APPROVED AUG 1985	. , 19
ny knowledge and belief.	BY 1821 1/24 /	
	DISTRICT 1 SUPERVISOR	
$O \sim Oi$	TITLE DISTRICT 1 SUPERVISOR	
(Y(1))	This form is to be filed in compliance with sur	
W. d. V she	If this is a request for allowable for a section of	
(Signature)		
Area Engineer	I	11.
(Title)	All sections of this form must be filled out comp able on new and recompleted walls.	letely for allow
5-31-85 (Pair)	Fill out only Sections 1 17 177 and 17 for all	Inges of aure-
100.67	well name or number, or transporter, or other such chan	ge of condition