(Title)

(Dose)

5-31-85

ENERGY AND MINERALS DEPARTMEN	ır				
PO. 00 10040 DECEIVED	•			•	Form C-104 Revised 10-01-78
DISTRIBUTION	OU CON	SERVATION	DIVICION		Format 06-01-83
SANTA PE	OIL CON		DIVISION	•	Page 1
V.S.G.S.	CANTA	P. O. BOX 2088			•
LAHO OFFICE	SANTAI	FE, NEW MEXI	20 87501		
TRANSPORTER OIL					And the second
DAS	/ RECH	UEST FOR ALLOW	ABLE		
PROBATION OFFICE	-	AND	•		in the second of
	AUTHORIZATION TO	O TRANSPORT OIL	AND NATURAL	. GAS	
Operator					
CHEVRON U.S.A. INC.	•				
Address					
P. O. Box 670, Hobbs.	NM 88240				2
Reason(s) for filing (Check proper box			Other (Please exp	(ain)	
New Well	Change in Transporter	of:		•	
Recompletion	CII	Dry Gas	Name Char	ige Effectiv	re 7-1- 85
X Change in Ownership	Casinchead Gas	Condensate		•	
	· ·				
f change of ownership give name	Gulf Oil Corp., 1	P. O. Box 670	. Hobbs NM	88240	
ind address of previous owner			, 110000, 1111	00240	· · · · · · · · · · · · · · · · · · ·
I. DESCRIPTION OF WELL AN	D LEASE				
Lease Name	Well No. Pool Name, I	ncluding Formation	Kin	d of Lease	Lec
C.E. La Munuo	n 1241 Tean	ue Blinedi	Stat	e, Federal or Fee	Federal # 10
Location	J		j		<u> </u>
Unit Letter D : 5/	O Feet From The Wes	St Line and .	560' F	eet From The	North
	<u></u>	SD	<i>7</i> 0 0	eet Ftom The	
Line of Section 27 Tow	mahip 235 1	Range 378	, NMPM,	Lea	
					· · · · · · · · · · · · · · · · · · ·
III. DESIGNATION OF TRANSP	ORTER OF OIL AND N	ATURAL GAS			
Name of Authorized Transporter of Cti	or Condensate		Give address to wh	sch approved copy	of this form is to be se
shell Kipeline	1 Corp.	Boy	1910, M	idlano	1 14 797
Name of Authorized Tanaparter of Cas	ingnega Gas or Dry Go	Address (Give address to wh	ich approved copy	of this form is to be se
El Paso 7 atural	Has Co.	1004	1492 41	taso, 3	UV 79999
If well produces oil or liquids,	Unit Sec. Twp.	Rge. Is gas ac	tually connected?	When	
give location of tanks.	<u>: B : 28 : 23</u> 3	378 9	les	! 2-	19-68
this production is commingled wit	h that from any other lease	or pool, give comm	ungling order num	ber:	
					· · · · · · · · · · · · · · · · · · ·
NOTE: Complete Parts IV and V	on reverse side if necess	ary.	-		
71. CERTIFICATE OF COMPLIAN	VCE	· · · · · · · · · · · · · · · · · · ·	OII CONS	SERVATION D	MAISION
1. CERTIFICATE OF COMPLIA	NCE			in wallow L	
hereby certify that the rules and regulatio			OVED AL	IG - 9.100	10
een complied with and that the informatio	n given is true and complete to s	11	(101841	21/	<u> </u>
ny knowledge and belief.		BY	7	11/1/	217/
_	•	TITLE		ISTRICT 1 SUF	PERVISOR
(Y(I)/P)	1	Th.	is form is to be I	filed in complian	CO WITH RULE 1104.
(Signat	we!	II	his is a request	for allowable for	a newly drilled or d
A	,	teats to	iken on the well	in accompanied by	a tabulation of the d

County

iled or deepened of the deviation

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fift 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.