| STATE OF NEW MEXICO | | - |
|--|--|---|
| ENERGY AND MINERALS DEPARTMENT | | |
| | Form C- Revised | 10-01-78 * |
| | ATION DIVISION Page 1 | X6-01- 83 |
| | 0× 2088 W MEXICO 87501 | • |
| LAND OFFICE | | • |
| REQUEST FO | DR ALLOWABLE | |
| PROBATION OFFICE | | |
| I. Operator | SPORT OIL AND NATURAL GAS | and the second |
| CHEVRON U.S.A. INC. | | |
| Address | | · · · · · · · · · · |
| P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper dox) | | ा स्वयः के जन्म |
| New Vell Change in Transporter of: | Other (Please explain) | |
| Recompletion | Name Change Effective 7-1-8 | 5 |
| Change in Ownership Casinghead Gas | Condensate | |
| If change of ownership give name Gulf Oil Corp., P. O. | Box 670, Hobbs, NM 88240 | |
| | | |
| II. DESCRIPTION OF WELL AND LEASE | ormation Kind of Lease | Lease No. |
| C.E. La Muryon 39 Langlie | Mattix State, Federal or Fee Federal | |
| | | |
| Unit Letter <u>C</u> : <u>460</u> Feet From The <u>Northus</u> | ne andFeet From TheWest_ | |
| Line of Section 27 Township 235 Range | 37E, NMPM, Let | County |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURA | | ي ميري |
| Name of Authorized Transporter of Cil or Condensate | Address (Give address to which approved copy of this form i | s to be sent) |
| Name of Authorized Transporter of Castagneed Gas _ or Dry Gas | | and the second secon |
| El Paso Natural Gas | Address (Give address to which approved copy of this form s | s to be sent) |
| If well produces oil or liquide, Unit Sec. Twp. Rge. | Is gas actually connected? When | |
| eive location of tanks. B: 28: 238: 378 | Yes 1-24-83 | |
| 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 | OIL CONSERVATION DIVISION | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED NOT STON | 19 |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | BY PARIS Joy Ton | |
| | TITLE DISTRICT 1 SUPERVISOR | |
| ROD'L | This form is to be filed in compliance with RU | |
| (Signature) | If this is a request for allowable for a newly det | thed and in the |
| Area Engineer | tests taken on the well in accordance with RULE 1 | of the deviation |
| (Title) | Ail sections of this form must be filled out comp able on new and recompleted wells. | |
| | 1 | |
| 5-31-85 | Fill out only Sections I. II. III, and VI for ch | anges of owner, |
| | Separate Forms C-104 must be filed for each | nge of condition. |
| 5-31-85 | Fill out only Sections I. II. III, and VI for ch well name or number, or transporter, or other such cha- Separate Forms C-104 must be filed for each completed wells. | nge of condition. |
| 5-31-85 | Separate Forms C-104 must be filed for each | nge of condition. |

.---

----- - -- --

