| STATE OF NEW MEXICO<br>ENERGY MO MINERALS DEPARTMENT  |                         | ·                      | _   |  |
|---|-------------------------|------------------------|---|--|
|   | TION DIVISI             | DN N                   | Form C-104<br>Revised 10-01-78<br>Format 06-01-83<br>Page 1 |  |
| PILE  | P. O. BOX               |                        |   |  |
| LAND OFFICE   | ANTA FE, NEW            | MEXICO 87501           |   |  |
| TRANSPORTER DIL   | REQUEST FOR             |                        | • • • •   | 9<br>  |
| AUTHORIZ  | ATION TO TRANSPO        |                        |   |  |
| I.<br>Operator  |                         |                        |   | 4 - 35/2 <sub>24</sub>   |
| CHEVRON U.S.A. INC.   |                         | ·····                  |   |  |
| P. 0. Box 670, Hobbs, NM 88240  |                         |                        |   |  |
| Reason(s) for filing (Check proper box)   |                         | Other (Pleas           | e espíainj  |  |
| New Well Change in Tr   Recompletion Oil   X Change in Ownership  | Dry                     | Gas Name (             | Change Effectiv   | e <b>7-1-</b> 85   |
| If change of ownership give name Gulf Oil Co<br>and address of previous owner Gulf Oil Co   | orp., P. O. Bo          | x 670, Hobbs,          | NM 88240  |  |
| II. DESCRIPTION OF WELL AND LEASE   |                         |                        |   |  |
| tuart Linglie Matter 1/24   | or Name, including Form | Mattik                 | Kind of Lease<br>State, Federal of Fee                      | Fee " Loano No.  |
| Unit Letter: 23/0 Feet From T   | no South Line a         | and <u>990</u>         | Feet From The   | Thest  |
| Line of Section 10 Township 253   | Range                   | 37E , NMPN             | . Lea   | County   |
| Ш. DESIGNATION OF TRANSPORTER OF OIL  | ANTO MATTIPAL C         | 246                    |   |  |
| Name of Authorized Transporter of Cit X of Conde  |                         |                        | to which approved copy of                                   | of this form is to be sent )<br>1 19711                                    |
| Name of Authorized Transporter of Casinghead Gas  | or Dry Gas              | Sol 1492.              | to which approved copy of                                   | U tals form is to be sense<br>U 799999                                     |
| If well produces oil or liquids, Unit, Sec?<br>give location of tanks.  | 100 Rge. 11             | s gas actually connect | ed? When  | 17-68  |
| If this production is commingled with that from any of  |                         | ve commingling order   | r number:   |  |
| NOTE: Complete Parts IV and V on reverse side   | if necessary.           |                        | <del></del>   |  |
| VI. CERTIFICATE OF COMPLIANCE   | · · .                   |                        | ONSERVATION DI  | VISION   |
| I hereby certify that the rules and regulations of the Oil Conser<br>been complied with and that the information given is true and co<br>my knowledge and belief. | mplete to the best of   | APPROVED               |   | , 19   |
|   | ll .                    | BY                     | DISTRICT 1 SUP  | ERVISOR  |
| (X.D.P.t.e  |                         | This form is to        | be filed in compliance                                      | WITH RULE 1106.  |
| (Signing)<br>Area Engineer  |                         | well, this iorm must   | be accompanied by a well in accompanied by a                | a newly drilled of deepened<br>tabulation of the deviation<br>th RULE 111. |
| <b>(Tule)</b><br>5-31-85  |                         | DIE ON-NEW AND FEC     | completed wells.  | ed out completely for allow-   |
| (Daie)  | •                       | well name or number.   | , or transporter, or othe                                   | i VI for changes of owner.<br>or such change of condition                  |
|   | c                       | completed wells.       |   | for each pool in multiply  |
|   |                         |                        |   |  |

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