STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI		T	•	
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FILE		1	•	
U.S.O.A.		1	•	
LAND OFFICE	1			
TRANSPORTER	OIL		_	•
	GAS			
OPERATOR				
PROBATION OFF				

OIL CONSERVATION DIVISION P. O. BOX 2088

Revised 10-01-78 Ferret 06-01-83

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	U.S.O.A.	11	-	SANTA FE, N	EW MEXIC	0 87501			•
	TRANSPORTER OF								_
-	OPERATOR .	10		REQUEST F	OR ALLOWA	BLE			
	PROBATION OFFICE		AUTHOR		AND			• • • • • •	447
]	I		A0110k	RIZATION TO TRAN	ASPORT OIL	AND NATURAL	. GAS	· · ·	1775
ı	Operator								
ŀ	CHEVRON U.	S.A.	INC	·					
		670	H-bb- and ooo						
Ì	Reason(s) for filing	(Check	Hobbs NM 882	40		Other (Please exp	la.a.		<u> </u>
1	New Aell		Change to	Transporter of:					
	Recompletion		O:1		Dry Gas	Name Char	ige Effecti	ve 7 -1 -85	
Ľ	X Change in Own	PFSNIP	Castr	nchead Gas	Condensate	·			
	change of owners		e name Gulf Oil	Corp., P. O.	Roy 670	Habba and	22242	— ———— ——	
-	nd address of prev	ATORE C	wher	dorp., 1. 0.	вох 670,	HODDS, NM	88240		
Ţ	I. DESCRIPTION	OF W	ELL, AND LEASE						
L	to a 1 +	die	Mattel 119	Pool Name, including	Formation -	// Kine	i of Lease	1	Lease No.
\$	Location	gui	11 luc //d	<u> oangue</u>	27/100	M State	e, Federal or Fee	Her"	13990
	Unit Letter	\mathcal{U}	10/0/	- Dut	• /	CON		4	
l	Onti Latter		. : rest From	n The Tutte	.ine and/	7.80 F	et From The	<u>ass</u>	
L	Line of Section		Township 25	Range	37E	, NMPM,	Lea		County
I	II DESIGNATIO	N OF	TRANSDORTED OF C		- 				
ŕ	Name of Authorized	Transpor	TRANSPORTER OF C	DIL AND NATURA		ive address to whi	ch approved copy	-(-\-\	,
1	Was Hew	Mel	co Tipo Lin	o Campani	PAR	4.1511	Widland	12 179	oe seni)
1	Name of Authorized	Transpor	ter of Castagnead Cas	or Dry Gas	Address (C.	hue address to whi	cy abbtoned coby	of this form is to	be sens;
1	VG aso 1/2	UUS	al Las com	Dana	Bol	1492 Eu	14250 J	4799	99
	f well produces oil o live location of tank		Unit Sec!	255 37E		ally connected?	When	0	7
ㄴ 11	this production is	COMPA	ngled with that form and			<u> </u>		Unou	W
			ngled with that from any		, give gommin	ngling order numi	ber:		
N	UIE: Complete	Parts	IV and V on reverse sid	de if necessary.					
V	. CERTIFICATE	OF CC	MPLIANCE	_	1	OIL CONS	ERVATION D	IVISION	
ı,	ereby certify that the	സിട്ട മദ	d regulations of the Oil Con	servacion Division have	APPROX				
bc	en complied with and	that the	information given is true and	complete to the best of	APPROX	/	7	1	9
my	knowledge and belie	: : -	•		BY	12121	1247	222	
		_	→ ·	•	TITLE_	Di	STRICT 1 SUP	ERVISOR	
	(γ)	$\bigcap A$	D-7		This	form is to be fi	led in complian		
	\ <u>·c</u> X	<u> </u>	(Signature)		ll If thi	s is a request for	or allowable for	A 4 141 4	
	Ar	ea Fr	gineer			form must be as			the desistion
			(Tule)		All a	ections of this !	orm must be fill	ed out camplete	ly for allow-
_		5 –3	1-85		1)	an and recompit			•
			(Date)		well name	out only Section or number, or tr	is I. II. III, and anaporter, or othe	I VI for change or auch change	of condition
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