

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2083

SANTA FE, NEW MEXICO 87201

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator CHEVRON U.S.A. INC.	
Address P. O. Box 670, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (release expires)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Gas ☐ Condensate Name Change Effective 7-1-85
If change of ownership give name and address of previous owner Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vinson Ramsey (NCT-B)	Well No. 9	Pool Name, including formation Justis Blinburg	Kind of Lease State	Lease No. B-228-1
Location Unit Letter P : 990 Feet From The South Line and 666 Feet From The East Line of Section 36 Township 25S Range 37E N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs, NM 88240
Name of Authorized Transporter of Casinthead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, TX 79999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 36 25S 37E 722 Discontinued

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY **Charles A. H. H.**
TITLE **DISTRICT 1 SUPERVISOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill 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.