

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|--|
| Operator CHEVRON U.S.A. INC. | |
| Address P. O. Box 670, Hobbs, NM 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> 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 W. Dellahide Devonian Unit | Well No. 100 | Pool Name, including Formation Dellahide Devonian | Kind of Lease State, Federal or Fee State | Lease No. B 1732 |
| Location Unit Letter C : 660 Feet From The North Line and 779 Feet From The East Line of Section 33 Township 24S Range 38E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs N.M. 88240 |
| Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso Tex 79999 |
| If well produces oil or liquids, give location of tanks. | Unit : C Sec. : 33 Twp. : 24S Rge. : 38E |
| Is gas actually connected? | When : unknown |

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 **James A. Lott**
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 filled for each pool in multiply completed wells.