

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

I. Operator

CHEVRON U.S.A. INC.

Address

P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Other (Please explain)
☐ Recompletion ☐ Casinghead Gas ☐ Condensate
☒ Change in Ownership

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.A. Ramsay (WCT-C) Well No.: 5 Pool Name, including Formation: Justis Blinberry Kind of Lease: State, Federal or Fee Lease No.:
 Location: Unit Letter: D : 660 Feet From The North Line and 330 Feet From The West
 Line of Section: 36 Township: 24 S Range: 37 E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
 Permian Corp. Box 3119 Midland, TX 79701
 Name of Authorized Transporter of Gas: casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
 El Paso Natural Gas Co. Box 1492 El Paso, TX 79999
 If well produces oil or liquids, give location of tanks: Unit: D Sec: 36 Twp: 24 S Rge: 37 E Is gas actually connected? Yes 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: [Signature], 19
 BY: [Signature]
 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.