

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
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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)

|                                                         |                                         |                                     |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:               | Other (Please explain)              |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Oil            | <input type="checkbox"/> Dry Gas    |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead 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<br><b>W. A. Ramsay NCT-C</b> | Well No.<br><b>4</b>                           | Pool Name, including Formation<br><b>N. Justin Montoya</b> | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location                                |                                                |                                                            |                                        |           |
| Unit Letter <b>M</b>                    | <b>330</b> Feet From The <b>South</b> Line and | <b>430</b> Feet From The <b>West</b>                       |                                        |           |
| Line of Section <b>36</b>               | Township <b>24S</b>                            | Range <b>37E</b>                                           | NMPM, <b>Lea</b> County                |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <b>Shell Pipeline Corp.</b>                                                                                   | <b>Box 1910, Midland TX 79701</b>                                        |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <b>El Paso Natural Gas Co.</b>                                                                                | <b>Box 1492 El Paso, TX 79999</b>                                        |
| If well produces oil or liquids, give location of tanks.                                                      | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|                                                                                                               | <b>M 36 24S 37E Yes Unknown</b>                                          |

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 H. Hays**  
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.

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| OPERATOR               | GAS |
| PERMITS OFFICE         |     |

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Address  
P. O. Box 670, Hobbs, NM 88240  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain)  
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<br>W.A. Ramsay OCT-C                                                                                                              | Well No.<br>4 | Pool Name, including Formation<br>N Justin Jusselman | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter M 330 Feet From The South Line and 430 Feet From The West<br>Line of Section 36 Township 24S Range 37E, NMPM, County |               |                                                      |                                        |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                          |                                                                                                        |             |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>Shell Pipeline Corp.            | Address (Give address to which approved copy of this form is to be sent)<br>Box 1910, Midland TX 79701 |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>Box 1492 El Paso, TX 79999 |             |
| If well produces oil or liquids, give location of tanks.                                                                                 | Unit<br>M                                                                                              | Sec.<br>36  |
|                                                                                                                                          | Twp.<br>24S                                                                                            | Rge.<br>37E |
|                                                                                                                                          | Is gas actually connected?                                                                             | When        |
|                                                                                                                                          | Yes                                                                                                    | Unknown     |

If this production is commingled with that from any other lease or pool, give commingling order number:

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