STATE OF NEW MEXICO	•
ENERGY AND MINERALS DEPARTMENT	Form C-104
00. 00 (00-14 SICEINED	Revised 10-01-78
DISTRIBUTION OIL CONSERVA	ATION DIVISION Format 06-01-83 Page 1
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U.S.O.A. SANTA FE, NEW	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
LANG OFFICE	
TRANSPORTER OIL	
PAS REQUEST FOR	RALLOWABLE
	ND
AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS
1. Operator	and the state of t
	The second of th
CHEVRON U.S.A. INC.	معاملين ويريها والأ
· · · · · · · · · · · · · · · · · · ·	the second secon
P. O. Box 670, Hobbs, NM 88240  Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	No require the
	Name Change Effective 7-1-85
	ondensate
X Change in Ownership Casinghead Gas Co	Moduladia
If change of ownership give name Gulf Oil Corp. P. O. p.	. (70 77.11 )77. 000/0
and address of previous owner Gulf Oil Corp., P. O. E	Box 670, Hobbs, NM 88240
	$\frac{1}{2}$ , $\frac{1}{2}$
II. DESCRIPTION OF WELL AND LEASE	Grmation   Kind of Lease   Lease No
Lease Name Mc I I & Well No. Pool Name, including P	State, Federal or Kee Jee "
Telaccy 11- Suffrigion 13 Justis Dle	nely side, rederal difference "
Location	111
Unit Letter : 23/0 Feet From The South Lin	e and 1993 Feet From The West
	A STATE OF THE STA
Line of Section 3 Township 255 Range	37E, NMPM, Lea) County
	Taking Country
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	Box 2528 Hobbs NM 88240
Name of Authorized Transporter of Castagnead 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
Unit. Sec. Twp. Rgs.	Is gas actually connected? When
If well produces oil or liquids, give location of tanks.	1 les ! Unknown
	rive compaging order number:
If this production is commingied with that from any other lease or pool,	give comminging order number.
NOTE: Complete Parts IV and V on reverse side if necessary.	
	DI CONSERVATION DIVIDIO
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
en e	APPROVED AUG = 5 1000
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.	BY PAREN ANT TON
my anomicage and denote.	DISTRICT 1 SUPERVISOR
	TITLE DISTRICT T SUPERVISOR
$O \cap O \cdot I$	This fam is to be filed in semaltanes and any
(Y(1)/P, +)	This form is to be filed in compliance with RULE 1104.
Dienalwe)	If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat
	tests taken on the well in accordance with RULE 111.
Area Engineer	All sections of this form must be filled out completely for all

Fill out only Sections I. II. III, end 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.

