

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)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	Name Change Effective 7-1-85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Castinthead Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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 Arnott Ramsay NCT-B	Well No. 5	Pool Name, including Formation Langlie Mathey	Kind of Lease State, Federal or Fee State	Lease No. B-229
Location Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line of Section 32 Township 25 S Range 37E , 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 Pipelines	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland Texas 79701			
Name of Authorized Transporter of Castinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso Texas 79999			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 25S	Rge. 37E
	Is gas actually connected?		When	
	Yes		6-18-79	

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 **AUG - 5 1985**, 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 filled for each pool in multiply completed wells.