STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	
PO. DO COPING SICEINGS	Form C-104
DISTRIBUTION	Revised 10-01-78
SANTA PE	VATION DIVISION Page 1
PILE P. O.	BOX 2088
U.S.O.S. SANTA FE, N	EW MEXICO 87501
LAND OFFICE	
THANSPORTER OIL	
OPERATOR REQUEST F	OR ALLOWABLE
PROPATION OFFICE	AND The state of t
AUTHORIZATION TO TRAI	SPORT OIL AND NATURAL GAS
Operator	The series from the series of
	and the second of
CHEVRON U.S.A. INC.	The second of th
Address	
P. O. Box 670, Hobbs, NM 88240	A CONTRACT OF THE CONTRACT OF
Reason(s) for Isling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Other (Fledie explain)
Recompletion Cil	Dry Gga Name Change Effective 7-1-85
	· Sondra de adrejanta
A Change in Ownership Casinghead Gas	Condensate
If change of ownership give name	10.135
and address of previous owner Gulf Oil Corp., P. O.	Box 670, Hobbs, NM 88240
II. DESCRIPTION OF WELL AND LEASE	i de la companya del companya de la companya del companya de la co
Lease Name   Well No.   Pool Name, including	Formation   Kind of Lease   Lease No.
Towell Hair 11 Calmat	State, Federal of Fee "
Location	
M GOO - Vouth	No +
Unit Letter / : 660 Feet From The Solitte	ine and 660 Feet From The West
Line of Section & Township 245 Banne	Rate D. William M.
Line of Section 8 Township 049 Range	37E, NMPM, Lea County
III DESIGNATION OF STRANSPORT	empan e aller
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	
Name of Authorized Transporter of CII or Condensate	Address (Give address to which approved copy of this form is to be sent)
700	The state of the s
Name of Authorized Transporter of Casinghed Gas or Dry Gas	Address (Give address to which approved copy of this form is to ge sent)
Morthern Habural Gas Co.	DON 308 Novaha holisanda 62101
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? (When
give location of tanks.	Then The busines
If the production is compared with the form of the	WKNIWW R
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.	
	n .
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	THE OF STORE STATES
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG 2 2 1985
been complied with and that the information given is true and complete to the best of my knowledge and belief.	
my knowings and other.	BY PAREN ANTON
	TITLE DISTRICT 1 SUPERVISOR
$() \cap () \cdot ($	
(Y(1)/Y) +	This form is to be filed in compliance with RULE 1104.
- With	If this is a request for all another to a contract to the cont
(Signature)	
Area Engineer	II
(Title)	All sections of this form must be filled out completely for allow
5-31-85	able on new and recompleted wells.

Fift 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.

5-31-85 (Date)