STATE OF NEW MEXICO

Area Engineer

5-31-85

(Title)

ENERGY AND MINERALS DEPARTMENT	Form C-104
*	Revised 10-01-78
	TION DIVISION Format 06-01-83
PILE P. O. BO	X 2088 -
	/ MEXICO 87501
LANO OFFICE	
TRANSPORTER OIL REQUEST FOR	RALLOWABLE
OPERATOR	ND
AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS
l.	
Operator	
CHEVRON U.S.A. INC.	
Address	
P. O. Box 670, Hobbs, NM 88240	·
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Nama Changa Efforting 7 1 95
Recompletion OII Dr	Y Gos Name Change Effective 7-1-85
Change in Ownership Casinghead Gas Co	ndensate
	· · · · · · · · · · · · · · · · · · ·
If change of ownership give name Gulf Oil Corp., P. O. B	Sox 670, Hobbs, NM 88240
and aduress of previous owner	
II. DESCRIPTION OF WELL AND LEASE	·
Lesee Name / / // Well No. Paol Name, Including Fo	ormation Kind of Lease /// Lease
1 R Haft (NCT-A) 3 Forwler Clare	w Wells (State) Foderal or Foo State " B-24
Location	
[1981 = 1\m H	e and 1980 Feet From The East
Unit Letter 5: 180 Feet From The MW Lin	and
time of Sertion /6 Township 245 Range	37E NMPM, Leas Con
Line of Section / O Township & C Range	J/C ; IMFM, CLC
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	CAS
Name bi Authorized Transporter of Cil of Condensate	Address (Give address to which approved copy of this form is to be sent)
Permian (Eff. 9/1/87)	Rail 2119 midland all Marai
Name of Apphorized Transporter of Castagned Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Col Caro no trulal black Co	Kny 1100 CA Da - 21 10000
Unit Sec. Twp. Rgs.	1504 1492 El Paso 14 19999
If well produces oil or liquids,	Is gas actually connected? When
give location of tanks.	
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.	
NOTE: Complete Falls IV and I on totals size if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED, 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY (1841 /24/
my knowiedge and benef.	
_	TITLE DISTRICT 1 SUPERVISOR
$O \cap O : I$	
$(Y(I))(Y, \mathcal{F}_{\alpha})$	This form is to be filed in compliance with RULE 1104.
(Signalwa)	If this is a request for allowable for a newly drilled or dee

completed wells.

drilled or deepened tion 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

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