STATE OF NEW MEXICO

5-31-85

(Date)

	ENERGY AND MINERALS DEPARTMENT	•
•		Form C-104
	DISTRIBUTION	Revised 10-01-78 TION 01-1/151-0-Nt Format 06-01-83
	- OIL CONSERVA	Page 1
	P. O. BOX	
•	LAND OFFICE SANTA FE, NEW	MEXICO 87501
	TRANSPORTER OIL	
	GAS DEDUCT TOD	ALLOWADIE
	PROMATION OFFICE AND	
• • •	I. AUTHORIZATION TO TRANSPO	
- 1	Operator	
	CHEVRON U.S.A. INC.	
	P. O. Box 670, Hobbs, NM 88240	
	Reason(s) for filing (Check proper box) New Well Change to Temporate Tempo	Other (Please expiain)
	Charle in Transporter 61:	None Character
1	Recompletion CII Dry C	Name Change Effective 7-1-85
l	X Change in Ownership Casinghead Gas Cond	ensqte
. 1	If change of ownership give name Cult Oct of	
	and address of previous owner Gulf Oil Corp., P. O. Box	670, Hobbs, NM 88240
		, 11003 111 00240
]	II. DESCRIPTION OF WELL AND LEASE	
i	Lease Name Well No. Pool Name, Including Form	ation King of Lease
	S.J. Carr 9 Landie Ma	State, Federal or Fee 400 "
1	Location	
- 1	Unit Letter L: 1950 Feet From The South Line as	nd 5/0 Feet From The Wash
- 1	10 010	
L	Line of Section 10 Township 245 Range 37	E, NMPM, LO
	THE THEORY	
	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G	AS
- 1	Name of Authorized Transporter of Cit or Condensate As	agess (Give address to which approved copy of this form is to be
7.	More	
	Name of Authorized Tansporter of Casingness Cos or Dry Gos Ac	idress (Give address to which approved copy of this form is to be
劑	IV Paso Flatteras Ella Co	Sou 1492 40 Hasa JUL 7909
		gas actually connected? When
ے کے L	give location of tanks.	<u>_C</u> /
***	If this production is commingles with that from any other lease or pool, give	Commingling order number
	NOTE: Complete Parts IV and V on reverse side if necessary.	Alexandra and American States of the States and the States of the States
•	omprese lans IV and V on reverse side if necessary.	
₩V	VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION -
		OIL CONSERVATION DIVISION
in L	hereby certify that the rules and regulations of the Oil Conservation Division have	PPROVED AUG 1985
	been complied with and that the information given is true and complete to the best of my knowledge and belief.	一, 19 -
10,000	B	Y MALL MAY TON
		DISTRICT 1 SUPERVISOR
TAK:	(LIP to	This form is to be filed in compliance with RULE 110
	(Signature)	If this is a request for allowable for a sent and
		ell, this form must be accompanied by a tabulation of the ate taken on the well in accordance with RULE III.
- .	(Title)	All sections of this form must be filled out completely

rilled or deepened n of the deviation

Ledee No.

County

is to be sent)

is to be sent)

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 filed for each pool in multiply