U.S.C.S.	AUTHO	DRIZATION TO TR	AND ANSPORT OIL A	ND NATURAL	GAS		
1 RANSPORTER CIL GAS OPERATOR							
PRORATION OFFICE			API #30-039-	22012			
ARCO Oil and Gas Compa	ny, Divis	ion of Atlanti	c Richfield C	ompany			
P. O. Box 5540, Denver	, Colorad	lo 80217					
Reason(s) for filing (Check proper box)			Other (Please explain)			
Recompletion O11 X Dry Go			Gos Genagie	016			
If change of ownership give name and address of previous owner		•••					
DESCRIPTION OF WELL AND I	LEASE						
Lease Name	use Name Well No. Fool Name, Including F			i		Lease No	
Jicarilla Apache JV5		Chacon - Dak		Sidle, 7 ede	reler Fee Indian)	
Unit Letter C : 950	Eest Fro	om The North 1	ine and 18	40 Feet From	The West		
Line of Section 5 Tow	enship 23	N Range	3W .	nmpm, Ri	o Arriba	County	
DESIGNATION OF TRANSPORT			I Ladence (Cinc ad	deers to which app	round come of this form is to	L	
Permian Corporation	Name of Authorized Transporter of Oil 😿 or Condensate			P.O. Box 1702, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas XI or Dry Gas			Address (Give ad	hadress (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company Unit Sec. Twp. Poe.			·	P.O. Box 990, Farmington, New Mexico 87401			
give location of tanks. If this production is commingled wit	that from s	5 23N 3W	1 give commingling	order number:		-	
. COMPLETION DATA	n that hom a		z, g			·	
COMPLETION DATA		Oll Well Ges Well	New Well 'Wor	cove: Deepen	Pluc Back Some Best	v. Diff. Res	
Designate Type of Completion		Oil Well Ges Well	New Well Wor	ceve: Deepen	Pluc Back Same Res	v. Diff. Res	
	(X) – ac	Oil Well Gas Well	New Well Wor	krve: Deepen	Plug Back Same Res'	v. Diii. Res	
Designate Type of Completio	Date Comple			1	!	v. Diff. Res	
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Designate Type of Completion Done Spudded Elevations (DF, RKB, RT, GR, etc.;	Date Compl. Name of Prod	Ready to Prod.	Total Depth Top Oil/Gas Pay		P.B.T.D. Tubing Depth	v. Diff. Res	
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(fine)

able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of ow well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multicompleted wells.

6-18-82