OPERATOR	GAS	1	
TRANSPORTER	OIL	)	
LAND OFFICE			
U.\$.G.\$.			
FILE		/	
SANTA FE		(	
DISTRIBUTION			
NO. OF COPIES RECEIVED		6	

r		1		
- 1	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C -104
ŀ	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110
-	FILE /	KEQUEST 1	AND	Effective 1-1-65
-			· · · · ·	
1	U.\$.G.\$.	AUTHORIZATION TO TRAF	NSPORT OIL AND NATURAL GAS	
-	LAND OFFICE			
	TRANSPORTER OIL /			
	GAS /			
ı	OPERATOR 2			
_ }	PROBATION OFFICE	1		
1.	Operator	<u> </u>		
- 1	•	7 to 2 15 to 25 to	Tahu Chuadale	
ļ	Odessa Natural Co	rporation Att: Mr.	John Strolek	
1	Address			ł
	P.O. Box 3908, Od	essa, Texas 79760		
	Reason(s) for filing (Check proper box,		Other (Flease explain)	
	New Well	Change in Transporter of:	Well Name Change	}
	Recompletion	Oil Dry Gas	From: Arco Litt	le Federal, No. 1
	Change in Ownership	Casinghead Gas Condens	sate	
	Change in Ownership	030q		
	If change of ownership give name			
	and address of previous owner			
	•			
11	DESCRIPTION OF WELL AND	LEASE		
11.	Lease Name	Well No. Pool Name, Including Fo		Lease No.
	Arco Little Federal	32 1 Chacon Dakota	A SCOC POO State, Federal or	Fee Federal 28715
		32 I Chacon Dakote	ABSOC: FOOT	1000101 120111
	Location		500	**
	Unit Letter D ; 9	70 Feet From The North Line	e and 790 Feet From The	west
	Line of Section 32 To	wnship 24N Range	3W NMPM, Rio Arr:	iba County
	Line of Section 32			
		MED OF OU AND NATURAL CA	e	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approved	copy of this form is to be sent)
	Name of Authorized Transporter of Oi	of Condensate		
	Plateau, Inc.		P.O. Box 108. Farmin	ngton, NM 87401
	Name of Authorized Transporter of Ca	singhead Gas 🎇 💮 or Dry Gas 🦳	Address (Give address to which approved	copy of this form is to be sent,
	El Baco Natural Ca	5 CO	P.O. Box 990, Farming	gton, NM 87401
	El Paso Natural Ga	Unit Sec. Twp. Pge.	Is gas actually connected? When	
	If well produces oil or liquids,	1 - 1 -	Vog 11	0-24-77
	give location of tanks.	D 32 24N 3W		J-24-//
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA			D A LOS Brots DM Books
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.
	Designate Type of Completi	on $-(X)$		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spanson			i
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		Name of Producing 1 officiation	1.00 000, 0000	
	Elevations (Dr., RRB, R1, OR, etc.)			
	Lievations (DP, RRB, RT, OR, etc.)		<u> </u>	Denth Casing Shoe
	Perforations			Depth Casing Shoe
				Depth Casing Shoe
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	Perforations			Depth Casing Shoe SACKS CEMENT
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(Date)

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.