

NO. 00 109-100 DECEMBER			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C 104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		ARCO Oil & Gas Company, A Division of Atlantic Richfield Company		
Address		1816 E. Mojave, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)		
<input type="checkbox"/> New Well	Change in Transporter of:	Change of transporter effective 5/1/87		
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil			<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas			<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Chacon Hill	2	West Lindrith Gallup-Dakota	State, Federal or Fee Federal	SF079456
Location				
Unit Letter <u>G</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>24N</u> Range <u>3W</u> . NMPM. <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Giant Refining Company			7227 No. 16th St., Phoenix, Arizona 85020	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		El Paso Natural Gas Company			P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	20	24N	3W	Yes	12/20/79

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.

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Mrs. Felt  
(Signature)  
Production Supervisor  
(Title)  
April 27, 1987  
(Date)

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
SUPERVISOR DISTRICT \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance 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 completed wells.