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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

Operator		P. O. Drawer 570, Farmington, New Mexico 87401	
Address		P. O. Drawer 570, Farmington, New Mexico 87401	
Reason for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Give name: Arco Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

**III. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Thompson	#7	Basin Dakota	State, Federal or Fee Federal	NM-01614
Location				
Unit Letter	990	Feet From The	South	Line and 1110
				Feet From The West
Line of Section	34	Township	31 North	Range 12 West
				San Juan County

**IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P. O. Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering	Fidelity Union Tower, Dallas, Texas 75201
Is gas actually connected?	When

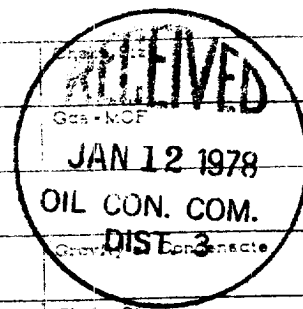
If this production is commingled with that from any other lease or pool, give commingling order number:

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Recompletion	Flow Back	Same Restr.	Diff. Restr.
(X)								
Time Comp. Ready to Prod.	Total Depth	F.B.T.D.						

**VI. TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for the depth to be drilled 14 days)

Date of Test	Pressure (Shut-in)	Casing Pressure	Flow Back
Length of Test	Tubing Pressure	Water-Emul.	
Test Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Length of Test	Oil-Emul.	Water-Emul.	
Test Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



**VII. CERTIFICATE OF COMPLIANCE**

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

*[Signature]*

(Title)

(Date)

**OIL CONSERVATION COMMISSION**

**JAN 12 1978**

APPROVED \_\_\_\_\_, 19

BY original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

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 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.