

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
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O. C. D.

**REQUEST FOR ALLOWABLE
AND
ARTS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

I. Operator
ARCO Oil and Gas Company - Div. of Atlantic Richfield Company ✓

Address
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Please assign oil testing allowable of 150 bbls for the month of March 1986 To be trucked *Per 18-1-1979*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. A. Russell	Well No. 5	Pool Name, including Formation <i>From Sweet water</i> Grayburg Jackson <i>25-5-A</i>	Kind of Lease State, Federal or Fee Federal	Lease No. LC029548(a)
Location				
Unit Letter <u>E</u> ; <u>2200</u> Feet From The <u>North</u> Line and <u>440</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

Kathryn Dickerson
(Signature)
Services Supv.
(Title)
3/13/86
(Date)

OIL CONSERVATION DIVISION
MAR 18 1986

APPROVED _____, 19 _____

BY _____
Original Signed By
Les A. Clements
Supervisor District II

TITLE _____

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.

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