

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator **ARCO OIL AND GAS COMPANY**  
Division of Atlantic Richfield Company

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

Reason(s) for filing (Check proper box)

- ☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☒ Oil ☐ Dry Gas  
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

Effective 3-1-88

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Annie L. Christmas</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location Unit Letter <b>I</b> : <b>1980</b> Feet From The <b>S</b> Line and <b>660</b> Feet From The <b>E</b> Line of Section <b>17</b> Township <b>22S</b> Range <b>37E</b> , NMPM, <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

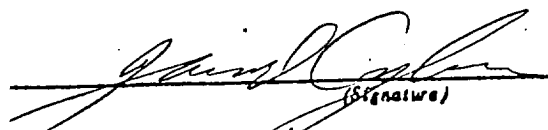
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>KOCH Oil Co. Div of Koch Ind. Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1558 Breckenridge, Texas 76024</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Getty Oil Company Texaco Prod. Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1231 Midland, Texas 79702</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>17</b>
	Twp. <b>22S</b>	Rge. <b>37E</b>
	Is gas actually connected? <b>YES</b>	When <b>8-16,73</b>

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.

VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
**Services Supervisor**  
(Title)  
**February 17, 1988**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 17 - 1988**, 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
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.

MOBBS OFFICE  
OCD  
MAR 4 - 1988  
RECEIVED