STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	RECEIVED Form C-104
SANTA FE V P. O. BC File V SANTA FE, NEV	Revised 10-01-78 Format 06-01-83 Page 1 Page 1 W MEXICO 87501
OPERATOR V	O. C. D. ARTESIA, OFFICE AND PORT OIL AND NATURAL GAS
Operator ARCO OIL AND GAS COMPANY Division of Atlantic Richfield Company	
Address P.O. Box 1710 Hobbs, New Mexico 8824 Resson(s) for filing (Check proper box)	0 Other (Please explain)
New Well Change in Transporter of: Recompletion Oil	ay Gas Effective 3-1-88
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name Well No. STATE BX COM 1 SOUTH EMPIRE Location 1 SOUTH EMPIRE	
Unit Letter 0; 660 Feet From The S Line and 1980 Feet From The E	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OII or Condensate X Address to which approved copy of this form is to be sent)	
KOCH Oil Co. Div of Koch Ind. Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]	P.O. Box 1558 Breckenridge, Texas 76024 Address (Give address to which approved copy of this form is to be sent)
CABOT CORP. Unit Sec. Twp. Rge. If well produces oil or liquids, 0 35 175 28E	Star Route A Box 335 Hobbs, New Mexico 88240 Is gas actually connected? When YES 8-11,88 Part TD-3
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number: 2-26-88 Chy LT: NRC
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED FEB 2 4 1988
hand Class	TITLE Oil & Gas Inspector This form is to be filed in compliance with RULE 1104.
Services Supervisor	If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow-
(Title) February 17, 1988 (Date)	able 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.

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ell 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.