

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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ARTESIA, OFFICE

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

OIL CONSERVATION DIVISION
RECEIVED BY P. O. BOX 2088
SANTA FE NEW MEXICO 87501
JAN 23 1987
O. C. D. REQUEST FOR ALLOWABLE
AND
ARTESIA, OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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 ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain) Change in Operator name only - from Hondo Oil & Gas Company - effective January 01, 1987

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CC	Well No. 1	Pool Name, including Formation S. Empire Atoka Gas	Kind of Lease State, Federal or Fee State	Lease No. 647
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>2235</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978 <u>Part ID-3</u>	
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>26</u> Twp. <u>17</u> Rge. <u>28</u>	Is gas actually connected? Yes	When <u>7/10/86</u> <u>2-13-87</u> <u>chg of name</u>

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

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.

[Signature]
(Signature)
Services Supv.
(Title)
January 22, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987, 19____
Original Signed By
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.