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		RECEIVED BY			
		JUN 20 1905			
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	L	O. C. D. ARTESIA, OFFICE			
	_			Form C-104 Revised 10-01-78	
DISTAGUTION		ATION DIVISI	ИС	Format 06-01-83 Page 1	
rile VU	30X 2088 EW MEXICO 87501				
LAND OFFN:E					
TRANSPORTER GAS	REQUEST FOR ALLOWABLE				
PROPATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
1		SPORT UIL AND NAT	JRAL GAS		
Arch Petroleum Inc.	/				
Address					
Suite II-A, 777 Taylor	St., Fort Worth, Te	exas 76102			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Pleas	e explain)		
Recompletion		Dry Gas			
Change in Ownership	Casinghead Gas	Condensale			
If change of ownership give name Spa	rkman Producing Comp	any	·····		
II. DESCRIPTION OF WELL AND LE	ASE				
Lease Name	Formation	Kind of Lease	Lease	No.	
McNutt State	9 Artesia-Queer	GSA Field	State, Federat or Fee S	tate 647	
Unit Letter M ; 970 Feet From The South Line and 1170 Feet From The West					
Line of Section 21 Township	ange 185 Range	28E , NMPM	•	Eddy cou	inty
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURA				
Navajo Refining Company	Addiess (Give address to which approved copy of this form is to be sent) North Freeman Avenue, Artesia, New Mexico 88210				
Name of Authorized Transporter of Casinghe		a which approved copy of			
	Sec. Twp. Rge.		d7 When	Past ID-3	
If well produces oil or liquids, give location of tanks.	· · · · · · · · · · · · · · · · · · ·	Is gas actually connects NO	l l	8-23-85 Che DO	
If this production is commingled with the		give commingling order	number:		
NOTE: Complete Parts IV and V on	reverse side if necessary.		<u> </u>		
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of	APPROVED	AUG 191985			
been complied with and that the information given my knowledge and belief.	BYORIGINAL SIGNED				
	BY LAF	RY BROOKS			
17.11	TITLEGEGLOGIST - NMOCD				
XALKern	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Agest	All sections of t	his form must be filled		10~	
6-12-6	able on new and rec Fill out only Se	ompleted wells. ections I, II, III, and V	/I for changes of ow	ner,	
(Date)			or transporter, or other		

well name or number, or transporter, or other such change of condition.

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