RE	CEIVED BY
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	O. C. D.
	TESIA, OFFICE
	Form C-104
DISTRIBUTION OIL CONSER	Revised 10-01-78 Revised 10-01-78 Format 06-01-83 Page 1
	. BOX 2088
CARD OFFICE	NEW MEXICO 87501
TRANSPORTER OIL C	
PROMATION OFFICE	FOR ALLOWABLE
I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator	
Arch Petroleum Inc.	
Suite II-A, 777 Taylor St., Fort Worth, Texas 76102	
Resson(s) for filing (Check proper box) New Well Other (Please explain)	
Recompletion Oil	Dry Gas
Casinghead Gas	Condensate
If change of ownership give name Sparkman Producing Company	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including	
Levers "A" State 1 Artesia-Quee	Lease No.
Location	
Unit Letter B : 255 Feet From The North Line and 1532 Feet From The East	
Line of Section 8 Township 18S Range 28E , NMPM, Eddy Country	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of OII (2) of Condensate Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Company	North Freeman Avenue, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ot Dry Gas Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids. Unit Sec. Twp. Rgs.	Post tp-3
If well produces oil or liquids. Unit Sec. Twp. Rgs. sive location of tanks. B 8 185 28E	1s gas actually connected? When 8-23-85 NO
this production is commingled with that from any other lease or pool, give commingling order number:	
OTE: Complete Parts IV and V on reverse side if necessary.	
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
nereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG 15 1985
en complied with and that the information given is true and complete to the best of y knowledge and belief.	
	BY ORIGINAL SIGNED BY LAPPY BROOKS
4 11 1	TITLEGEOLOGIA
t All January	This form is to be filed in compliance with RULE 1104.
(Signature)	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
Agent	totte taken on the well in accordance with AULE 111.
(This)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.
(Date)	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.