NO. OF COPIES HECEIVED			1	15
DISTRIBUTION				
SANTA FE			1	
FILE			1/	-
u.s.g.s.				
LAND OFFICE				
IRANSPORTER	OIL	1		
		GAS	1	
OPERATOR			II	
PRORATION OFFICE				
Operator	ARCO) 0il	and	i Ga
	Divi	ision	of	At1
Address				

NEW MEXICO OIL CONSERVATION COMMISSION . REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE	1	FOR ALLOWABLE	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND	
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	A5
OIL /			D
TRANSPORTER GAS /	1		RECEIVED
OPERATOR /			
PRORATION OFFICE		• .	MAR 22 1979
Operator ARCO Oil and G	as Company -		MAR 24 W
l .	lantic Richfield Company		_
Address			D. C. G.
P. O. Box 1710	, Hobbs, New Mexico 8824	0	ARTESIA, OFFICE
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	Change in Operato	or Name
Recompletion	Oil Dry Go		
Change in Ownership	Casinghead Gas Conder	ETTECTIVE. 4 T.	7
If change of ownership give name		•	
and address of previous owner			
. DESCRIPTION OF WELL AND	IFASE		
Lease Name	Well No Bool No	me, Including Formation	Kind of Lease
TRIGG FedeRAL	Atok	A EAST MORROW GAS	State, Federal or Fee Fall al
Location	1 1 10 19 5	THE KINST - MORE ROLL BAS	7 = 3 = 7 = 7 = 7
F 190			i
Unit Letter 2 : 1/0	D Feet From The NORTH Lin	e and 600 Feet From T	he 1005 7
Line of Section 27 , To	wnship 185 Range 2	TO F MINU SIL	
Line of Section 2 / , 10	with 102 Range A	7E , NMPM, Eddy	County
DESIGNATION OF TRANSPOR	TER OF OH AND NATURAL OF		
Name of Authorized Transporter of Cil	or Condensate 🖾	Address (Give address to which approv	ed conv of this form is to be read.
			· •
Note of Authorized Transporter of Ca	U O I Ory Gas ☑ or Dry Gas ☑	PO BOX 1183 House Address (Give address to which approv	StON, TX 77001
•			
Phillips Petroleun	Unit Sec. Twp. Rge.	15 gas actually connected? Whe	dessA, TX 7976
it watt broadces out or transact	·	Is gas actually connected? Whe	/)
give location of tanks.	! E 27 185 27E	l yes	Unterown
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA			
Designate Type of Completi-	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'r. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
No Change			
Pcol	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
Pcol	Name of Producing Formation	Top Oil/Gas Pay	
Pcol		Top Oil/Gas Pay	
Pcol			
Perforations	TUBING, CASING, AND	CEMENTING RECORD	Depth Casing Shoe
Perforations	TUBING, CASING, AND	CEMENTING RECORD	Depth Casing Shoe
Perforations	TUBING, CASING, AND	CEMENTING RECORD	Depth Casing Shoe
Perforations	TUBING, CASING, AND	CEMENTING RECORD	Depth Casing Shoe
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(Date)

Fill out Sections I, II, III, and VI only 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.