STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT 	OIL CO SANTA	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1								
<u>I.</u>	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
Operator Arch Petroleum Inc.										
Suite II-A, 777 Taylo	r St., Fort Wo	orth, Te	xas 761	102						
Reason(s) for filing (Check proper box) New Well Recompletion XX	Change in Transporter ol: Other (Please explain) Other (Please explain) Other (Please explain) Casinghead Gas Condensate									
If change of ownership give name Sparkman Producing Company										
II. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including							Legee No. 647		
Unit Letter <u>G</u> : <u>2150</u> Feet From The <u>NOrth</u> Line and <u>1800</u> Feet From The <u>East</u>										
Line of Section 32 Townsh	185 <u>185</u>	Range	28E	, NMPM	•		Edd	Y County		
IL DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oll X Navajo Refining Compan Name of Authorized Transporter of Casingh	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids, give location of tanks.		Rq.	1 .	ually connecte	d? r	When	Pist 1 8-23-	85		
If this production is commingled with th	at from any other lea	28E se or pool.	_l		number:		- Chg 0	P		
NOTE: Complete Parts IV and V on	reverse side if nece	ssary.			-					
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 AUG 19 1985, 19							
			BY ORIGINAL SIGNED BY LARRY BROOKS							
			TITLEGEOLOGIST - NMOCD This form is to be filed in compliance with RULE 1104.							
(Fignature)			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 AULE 111. All sections of this form must be filled out completely for allow-							
(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.							
/	well name of number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.									

Separate	Forme	C-104	must	be	filed.	lor	• • ch	pool	in	multiply
completed wel	ls.							•		