

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

FEB 18 '88

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) Effective 3-1-88

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EXXON "A" STATE COM</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>N. ILLINOIS CAMP MORROW</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B-11540</u>
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Location

Unit Letter H : 2310 Feet From The N Line and 990 Feet From The E

Line of Section 16 Township 18S Range 28E , NMPM, EDDY 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"/> <u>KOCH Oil Co. Div of Koch Ind. Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558 Breckenridge, Texas 76024</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>LLANO INC</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 1320 Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>16</u> Twp. <u>18S</u> Rge. <u>28E</u>	Is gas actually connected? <u>YES</u> When <u>10-01,88</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 2-26-88

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 Supervisor
(Title)
February 17, 1988
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 24 1988, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.