STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT O. C. D ARTIESIA. OT KE ARTIESIA. OT	
ARCO 011 and Gas Company - Division of Atlantic Richfield Company	
Address	
P. O. Box 1710, Hobbs, New Mexico 88240	Other (Please explain) Change in Operator name
New Well Change in Transporter of:	only - from Hondo Oil & Cas Company -
Recompletion Oil Casinghead Gas	Dry Gas effective January 01, 1987 Condensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including	Formation Kind of Lease Lease No. State, Federal or Fee State E-1285
Featherstone State Com. 1 Empire Penn State E-1205	
Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East	
Line of Section 3 Township 18S Range 28E , NMPM, Eddy County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	AL GAS Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 7120 J-40 West, Amarillo, Texas 79106
Cabot Corp - Pipeline Division	Is gas octually connected? When
if well produces oil or liquids, give location of tanks. I 3 185 281	
If this production is commingled with that from any other lease or pool, give commingling order number: 2-13-82	
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I berefor certify that the rules and regulations of the Oil Conservation Division ha	VE APPROVED FEB 1 2 1087
been complied with and that the information given is true and complete to the best	of Original Signed By
my knowledge and belief.	TITLE Supervise Defect II
	TITLE This form is to be filed in compliance with RULE 1104.
Talkarno licking	White 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.
_ Services Supv. (Tule)	- All sections of this form must be filled out completely for allow- able on new and recompleted wells.
January 22, 1987	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.
(Dece)	Separate Forms C-104 must be filed for each pool in multiply
	I completed wells.
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