

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Revised 06-01-83  
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MAR 07 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

I. Operator ARCO OIL & GAS COMPANY  
Division of Atlantic Richfield Company  
 Address P.O. Box 1710 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change In Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☐ Change In Ownership ☐ Casinghead Gas ☒ Condensate

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>State CE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Cedar Lake Morrow Gas</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>E-7811</u>
Location Unit Letter <u>F</u> <u>1980</u> Feet From The <u>North</u> Line and <u>1880</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>18S</u> Range <u>30E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

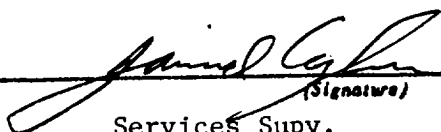
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>KOCH Oil Company Div. KOCH Ind. Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558 Breckenridge, Tx 76024</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1206 Maljamar, New Mexico 88264</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>2</u>
	Twp. <u>18S</u>	Rge. <u>30E</u>
	Is gas actually connected? <u>Yes</u>	When <u>11-5,88</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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)

Services Supv.

(Title)

2-22,88

(Date)

OIL CONSERVATION DIVISION

MAR 11 1988

APPROVED \_\_\_\_\_, 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.

