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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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RECEIVED BY OIL CONSERVATION DIVISION

P. O. BOX 2088

JAN 23 1987

SANTA FE, NEW MEXICO 87501

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 type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) Change in Operator name  
only - from Hondo Oil & Gas Company -  
effective January 01, 1987

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 11	Well No. 1	Pool Name, including Formation S. Empire Wildcat Morrow Gas	Kind of Lease State, Federal or Fee Federal NM	Lease No. -54184
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2110</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal. New Mexico 88252 Post ID-3			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11	Twp. 18S	Rge. 28E
	Is gas actually connected?		When 7/22/86 chg up name	

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]  
(Signature)  
Services Supv.  
(Title)  
January 22, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987, 19  
Original Signed By  
BY Las A. Clements  
Signature District II  
TITLE

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 allow-  
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.  
Separate Forms C-104 must be filed for each pool in multiply  
completed wells.

LTR



Job separation sheet

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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

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FEB 19 '88

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

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>Federal 11</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>S. Empire Morrow Gas</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>NM 54184</u>
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>N</u> Line and <u>2110</u> Feet From The <u>W</u> Line of Section <u>11</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>EDDY</u> 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>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1384 Jal, New Mexico 88252</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>11</u>
	Twp. <u>18S</u>	Rge. <u>28E</u>
	Is gas actually connected?	When
	<u>YES</u>	<u>7-22/86</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]  
(Signature)  
Services Supervisor  
(Title)  
February 17, 1988  
(Date)

OIL CONSERVATION DIVISION

FEB 24 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.