

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.D.A.               | <input type="checkbox"/>            |
| LAND OFFICE            | <input type="checkbox"/>            |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      | <input type="checkbox"/>            |

RECEIVED BY

FEB -4 1987

O. C. D.  
ARTESIA, OFFICE

RECEIVED BY

JAN 23 1987

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

I.

|  |  |
|--|--|
| Operator<br>ARCO Oil and Gas Company - Division of Atlantic Richfield Company ✓  |  |
| Address<br>P. O. Box 1710, Hobbs, New Mexico 88240   |  |
| Reason(s) for filing (Check proper box)  | Other (Please explain)   |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Operator name only - from Hondo Oil & Gas Company - effective January 01, 1987 |
| Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas                       | <input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate                  |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |
|---|---------------|---|--|
| Lease Name<br>Wilmar Federal  | Well No.<br>3 | Pool Name, including Formation<br>N. Shugart Bone Springs | Kind of Lease<br>State, Federal or Fee Federal LC-029389-B |
| Location  |               |   |  |
| Unit Letter <u>0</u> ; <u>810</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> |               |   |  |
| Line of Section <u>4</u> Township <u>18S</u> Range <u>31E</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"/><br>Navajo Crude Oil Purchasing | Address (Give address to which approved copy of this form is to be sent)<br>Box 159, Artesia, N.M. 88210 |                              |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Conoco, Inc.        | Address (Give address to which approved copy of this form is to be sent)<br>Box 460, Hobbs, N.M. 88240   |                              |
| If well produces oil or liquids, give location of tanks.  | Unit<br>K  | Sec.<br>4                    |
|   | Twp.<br>18S  | Rge.<br>31E                  |
| Is gas actually connected?  | When   |                              |
| Yes   | 8/7/86   | 2-13-87<br>by <i>up name</i> |

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.

*Kerryn Anderson*  
(Signature)

Services Supv.

(Title)

January 22, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987

BY Original Signed By

Les A. Clements

TITLE Supervisor District II

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.