

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-104  
Revised 10-01-78  
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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"/>

OIL CONSERVATION DIVISION FEB 19 '88

P. O. BOX 2088

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) Effective 3-1-88

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wilmar Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>N Shugart Bone Springs</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>LC 029389B</u>
Location Unit Letter <u>0</u> : <u>810</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</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 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460 Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>YES</u> When <u>8-7/86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 2-31-88  
Chg. T. NRC

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.

James C. Coker  
(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.