

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE		✓
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

RECEIVED BY P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

FEB 10 1987

REQUEST FOR ALLOWABLE
AND
O. C. D.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

I.

Operator ARCO Oil and Gas Company - Div of Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain) Change in Operator name only - from Hondo Oil & Gas Company - effective January 1, 1987
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilmar Federal	Well No. 6	Pool Name, including Formation North Shugart Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029389
Location				
Unit Letter <u>M</u> : <u>560</u> Feet From The <u>South</u> Line and <u>960</u> Feet From The <u>West</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"/> 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 type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4
	Twp. 18S	Rge. 31E
	Is gas actually connected? Yes	When 11/24/86

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.

Stephen Nichols
(Signature)
Services Supv.
(Title)
2/9/87
(Date)

OIL CONSERVATION DIVISION

FEB 12 1987

APPROVED _____, 19

Original Signed By

BY Les A. Clements

Supervisor 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 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 multiple completed wells.