STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	RECEIVED Form C-104 Bevised 10-01-78
P.O.	VATION DIVISION BOX 2088 IEW MEXICO 87501 O. C. D.
TRANSPORTER OIL V ARTESIA, OFFICE OPERATOR V REQUEST FOR ALLOWABLE AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. I.	
Operator ARCO OIL AND GAS COMPANY Division of Atlantic Richfield Compan	У
Address P.O. Box 1710 Hobbs, New Mexico 88 Reoson(s) for filing (Check proper box)	240 Other (Please explain)
New Well Change in Transporter of: Recompletion X Oil Change in Ownership Casinghead Gas] Dry Gas Effective 3-1-88] Condensate
If change of ownership give name and address of previous owner	
Location	Image Formation Kind of Lease LC Bone Springs State, Federal or Fee Fed Line and 960 Feet From The W
4 Township 18S Range	31E , NMPM, EDDY County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oli or Condensate X Name of Authorized Transporter of Oli or Condensate X Name of Authorized Transporter of Oli or Condensate X Name of Authorized Transporter of Oli or Condensate X Name of Authorized Transporter of Oli or Condensate X P.O. Box 1558 Breckenridge, Texas 76024	
Name of Authorized Transporter of Casinghead Gas or Dry Gas CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, New Mexico 88240 Is gas actually connected? , When
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or po	1EYES11-24,86 $a_1 f_1 f_2 f_3$ pol. give commingling order number: $2-26-38$
NOTE: Complete Parts IV and V on reverse side if necessary.	chyLT, WR
VI. CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division h	OIL CONSERVATION DIVISION FEB 2 4 1988
been complied with and that the information given is true and complete to the bes my knowledge and belief.	Original Signed By BYMike Williams
	TITLE Oil & Gas Inspector This form is to be filed in compliance with RULE 1104.
(Signature)	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 AULE 111.
Services Supervisor (Tule) February 17, 1988	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.
(Date)	weil 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.

•

. .. .

--

. . . .

•