

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

Form C-104
Revised 10-01-78
Format 06-01-83
RECEIVED

SEP 01 '88

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 Co.

Address
P. O. Box 1710, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain)
Please assign a testing allowance of 6960 BBLs for the month of September, 1988
BS 8036-8196

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic 5 Federal	Well No. 1	Pool Name, including Formation N. Shugart Bone Spring	Kind of Lease State, Federal or Fee FED	Lease No. NM68038
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

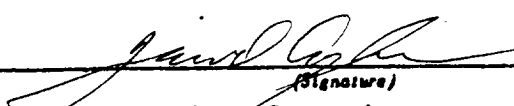
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co., Div. Koch Ind., Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>5</u> Twp. <u>18S</u> Rge. <u>31E</u>	Is gas actually connected? <u>No</u> When _____

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.



Services Supervisor

(Signature)

(Title)

September 1, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 1 1988, 19 _____

BY _____ Original Signed By _____

TITLE _____ Mike Williams

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 deviated 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.