

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

DEC 16 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
WEBBIA OFFICE

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 checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ATLANTIC FED 5	Well No. 1	Pool Name, including Formation N. SHURGART BONE SPRINGS	Kind of Lease State, Federal or Fee FED	Lease No. NM 68038
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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO	Address (Give address to which approved copy of this form is to be sent) BOX 1959, MIDLAND, TX 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 5 18S 31E
Is gas actually connected?	When YES 11-7-88

Part ID-3
12-13-88
Add GT:CON

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

12-15-88

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1988, 19

BY Original Signed By

Mike Williams

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 multiply completed wells.