

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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O. C. D.

ARTESIA OFFICE
OIL CONSERVATION DIVISION

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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SANTA FE, NEW MEXICO 87501

JAN 23 1987

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 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) Change in Operator name only - from Hondo Oil & Gas Company - effective January 01, 1987

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CB Com.	Well No. 1	Pool Name, including Formation Winchester Atoka Gas	Kind of Lease State, Federal or Fee	Lease No. 648
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East				
Line of Section 29 Township 19S Range 28E, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Company of America	Box 236, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit 0 Sec. 29 Twp. 19S Rge. 28E	Yes 9/19/79

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.

[Signature]
(Signature)
Services Supv.
(Title)
January 22, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987
Original Signed By
BY Los A. Clements
Supervisor Division 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 multiply completed wells.