 ubmit \$ Copies .ppropriate District Office .STRUCT 1 	Egy, Minerals and Nat	lew Mexico tural Resources Departmer.	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
O. Box 1980, Hobbe, NM 88240 <u>ISTRICT II</u> O. Drawer DD, Ariesia, NM 88210	P.O. B	ATION DIVISION	
DISTRICT III	Santa Fe, New M	lexico 87504-2088	
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZAT L AND NATURAL GAS	ANTER JESUS
Operator			Well API No.
ARCO OIL AND GAS COMPA			3001525729
BOX 1710, HOBBS, NEW N Reason(s) for Filing (Check proper box)	MEXICO 88240	XX Other (Please explain)	
iew Well	Change in Transporter of:		OF OIL TRANSPORTER
	Oil Dry Gas Casinghead Gas Condensate		
change in Operator			
d address of previous operator	······································		
DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Includ	ling Formation	Kind of Lease FEDLease No.
BAISH FEDERAL	1 3	BONE SPRINGS	Sine, Federal or Fee LC029389A
ocation	J J D D D D D D		
Unit LetterC	_ : _ 660 Feet From The	NORTH Line and 1980	Feet From The WEST Lin
	n 185 Range 3 1E	. NMPM. E	DDY County
Section 9 Townshi	p 185 Range 31E		
	SPORTER OF OIL AND NATU	IRAL GAS	and the second of the former in the second
ame of Authorized Transporter of Oil	Condensate	Address (Give address to which a	pproved copy of this form is to be sent)
PRIDE OPERATING CO. lame of Authorized Transporter of Casing	ghead Gas 🔀 or Dry Gas 🗔	BOX 2436, ABILENE, Address (Give address to which a	pproved copy of this form is to be sent)
CONOCO INC.		BOX 1959, MIDLAND,	
well produces oil or liquids,	Unit Sec. Twp. Rge. B 9 18S 31E	Is gas actually connected? YES	When ? 5/23/88
ve location of tasks.	from any other lease or pool, give comming		5725755
V. COMPLETION DATA	from any other scale of poor, give containing		
	Oil Well Gas Well	New Well Workover D	eepea Plug Back Same Res'v Diff Res'v
Designate Type of Completion	- (X)		<u> </u>
Designate Type of Completion		New Well Workover D	Prug Back Same Res'v Diff Res'v P.B.T.D.
Designate Type of Completion	- (X)		<u> </u>
Designate Type of Completion Into Spudded levations (DF, RKB, RT, GR, etc.)	- (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth
Designate Type of Completion Into Spudded levations (DF, RKB, RT, GR, etc.)	- (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Designate Type of Completion Into Spudded levations (DF, RKB, RT, GR, etc.)	- (X) Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completion ne Spudded levations (DF, RKB, RT, GR, etc.)	- (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth Depth Casing Shos SACKS CEMENT
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.