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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
ARCO OIL & GAS COMPANY DIVISION OF ATLANTIC RICHEFIELD COMPANY
Address
P.O. BOX 1710 HOBBS, NEW MEXICO 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)
 DESIGNATION OF GAS TRANSPORTER

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name SWEARINGEN DEEP 14 FED | Well No. 1 | Pool Name, including Formation TAMANO BONE SPRINGS | Kind of Lease State, Federal or Fee FED | Lease No. NM 28096 |
| Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>14</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>EDDY</u> County | | | | |

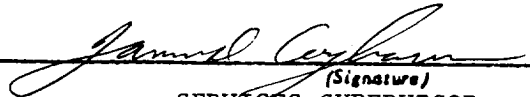
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL COMPANY | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558 BRECKENRIDGE, TEXAS 76024 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NAT'L GAS COMPANY | Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TEXAS 79760 | |
| If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>14</u> Twp. <u>18S</u> Rge. <u>31E</u> | Is gas actually connected? <u>TEX</u> | When <u>9-21-88</u> <u>Part 10-3</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: 10-2-88
Add QT: PP

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)
 SERVICES SUPERVISOR
(Title)
9-23-88

(Date)

OIL CONSERVATION DIVISION

 APPROVED OCT 6 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 allow-
able 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.