

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 09-01-83  
Page 1  
**RECEIVED**  
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OIL CON. DIV  
257.2

I. Operator  
ARCO Oil & Gas Company, A Division of Atlantic Richfield Company

Address  
1816 E. Mojave, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change of transporter effective
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	8/8/88
	<input type="checkbox"/> Dry Gas	
	<input checked="" type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marron WN Federal	Well No. 6	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Federal	Lease No.
Location Unit Letter <u>G</u> : <u>1500</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>27N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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)
Giant Refining Company	7227 N. 16th St., Phoenix, AZ 85020
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)
El Paso Natural Gas Company	Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>24</u> Twp. <u>27N</u> Rge. <u>8W</u>	Yes

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.

W. J. M. H. D.  
(Signature)  
Area Production Superintendent  
(Title)  
August 8, 1988  
(Date)

OIL CONSERVATION DIVISION  
AUG 12 1988  
APPROVED \_\_\_\_\_ 19\_\_\_\_\_  
BY W. J. M. H. D.  
TITLE SUPERVISION DISTRICT # 8

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.