

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
OK Operating Company

Address
PO Box 51254 Midland, Texas 79710

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 checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner Joe ~~M. E.~~ Melton, PO Box 4203, Midland, Texas 79704 *Orly Co Inc*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco Federal	Well No. 1	Pool Name, including Formation Sawyer San Andres Assoc	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>E</u> ; <u>1913</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>10 South</u> Range <u>38 East</u> , NMPM, Lea 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"/> Sun Refining & Marketing Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1861 Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. 4
	Twp. 10S	Rge. 38E
	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

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)
Landman
(Title)
Nov. 28, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 30 1988, 19
BY ORIGINAL SIGNED BY JERRY SIXTON
DISTRICT I SUPERVISOR
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 multiple completed wells.

ORIGINAL SENT BY JESSA SECTION
DISTRICT 1 SUPERVISOR

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NOV 30 1988

OCB
HOBBS OFFICE