

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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)	Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Joe M.L. Melton, Arco Co. Inc., PO Box 4203, Midland, Texas 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco Federal	Well No. 2	Pool Name, including Formation Sawyer San Andres Assoc	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>M F</u> : <u>1973</u> Feet From The <u>North</u> Line and <u>660 1980</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>F</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 128, 1988

(Date)

OIL CONSERVATION DIVISION

NOV 30 1988

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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 multiply completed wells.

RECEIVED  
DISTRICT 1 SUPERVISOR  
JANUARY 18 1988

RECEIVED  
JAN 30 1988  
2:10  
HOURS OFFICE