	NO. OF COPIES RECEIVED						
	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER OIL	-		· · ·			
	GAS						
	PRORATION OFFICE						
1.	Operator ARCO Oil and Gas						
		antic Richfield Company	· · · · · · · · · · · · · · · · · · ·				
	Address P. O. Box 1710, Hobbs, New Mexico 88240						
	Reason(s) for filing (Check proper box		Other (Please explain)	·····			
	New Well	Change in Transporter of:	Change in Operato				
	Recompletion	Oil Dry Ga	s clear effective: 4-1-3	79			
	Change in Ownership	Casinghead Gas Conden	sate				
	If change of ownership give name						
	and address of previous owner						
u.	DESCRIPTION OF WELL AND	LEASE	·				
		Well No. Pool Nan	ne, Including Formation	Kind of Lease			
	State BF	9 Cha	Veroo San Andres	State, Federal or Fee STATE			
		10 Feet From The South Line	and 660 Feet From T	he East			
	Unit Letteri	Feet From The Journe Line	e and C C C Feet From T)			
	Line of Section 3, Tor	wnship 85 Range 3	3 <u>E</u> , NMPM,	Chaves County			
			-	·			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Mobil Pehelina Ca		Box 900 Salles Te	× 20 75221			
	Name of Authorized Transporter of Ca	singhead Gas 🖉 or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)			
	Cities desvice oil a	<u>o</u> .	P.O. Box 300, Tulse	in the second se			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	1-11-67			
	give location of tanks.		//				
		th that from any other lease or pool,	give comminging order number:				
	COMPLETION DATA						
	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	on – (X)					
	Designate Type of Completie Date Spudded		New Well Workover Deopen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	on – (X)					
	Designate Type of Completio Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth			
	Designate Type of Completio Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Designate Type of Completie Date Spudded No Change Pool	Date Compl. Ready to Prod.	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth			
	Designate Type of Completio Date Spudded No Change Pool Perforations	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth			
	Designate Type of Completie Date Spudded No Change Pool	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe			
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	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.							
1	1. A second sec second second sec							