NO. OF CUPIES SECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G. <b>S.</b>				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PROBATION OFFICE				

	DISTRIBUTION '	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C+104		
!	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE	AND Effective 1-1-69				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE Operator ARCO Oil and Gas	Company -	,	<del></del>		
Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company						
	Address P. O. Box 1710.	Hobbs, New Mexico 88240	0			
	Reason(s) for filing (Check proper box)  Other (Please explain)					
	ew Well Change in Transporter of: Change in Operator Name					
	I secondarios — — — — — — — — — — — — — — — — — — —					
	Change In Ownership Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner					
II.	II. DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Nan	me, Including Formation	Kind of Lease State, Federal or Fee		
	Location	7 Car	s san anous			
	Unit Letter ; 198	Feet From The South Line	e andFeet From T	The East		
	Line of Section 15 , Tow	nship 85 Range	30E, NMPM,	Thaves County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	.s			
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approx	A		
	Walit Depalin	a Company	Address (Give address to which approve	Ad copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	industry Cos 20 or Dry Cos	Bry 300 Tulsa	Otla 74102		
	Cilia Dervice O	Unit   Sec.   Twp. Rge.	Is gas actually connected? Whe	1000		
	If well produces oil or liquids, give location of tanks.	P 15 8 30	Ves	8-9-68		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give comminging order number:			
11.	Plug Back   Same Res'v. Diff. Res'v.					
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	No Change					
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPIRSEI	JACKS CEMENT		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-		
•	(t. etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	, e.c.,		
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gus - MCr		
	GAS WELL	1	Library AACE	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
<b></b>	OPPORTEGATE OF COMMITTEE	CF :	OII CONSERVA	TION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	RECEIVE	ADD 10 a	0		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			11 1110199	, 19		
	above is true and complete to the	s beet at my knawledge and belief.	BY Stry	1 estano		
		161 A 1 V-40	TITLE SUPERIOR			
		1 a minor				

District Prod. & Drlg. Supt.

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 Sections I, II, III, and VI only 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

MAR 1 4 1979

OIL CONSERVATION COMM.

HOBBS, M. M.