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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>ARCO Oil and Gas Company - Division of Atlantic Richfield Company</b>	
Address <b>P. O. Box 1710, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator Name effective: <b>4-1-79</b>	

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

Lease Name <b>T. D. Pope</b>		Well No. <b>7</b>	Pool Name, Including Formation <b>Denton Devonian</b>	Kind of Lease State, Federal or Fee <b>Free</b>
Location				
Unit Letter <b>K</b> ; <b>1650</b> Feet From The <b>West</b> Line and <b>1980</b> Feet From The <b>South</b>				
Line of Section <b>36</b> , Township <b>14S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>Amaco Production Co.</b>		<b>Drawer A, Levelland, Texas 79336</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>Tipperary Resource Corp.</b>		<b>500 W. Illinois, Midland, Texas 79701</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<b>M</b>	<b>36</b>	<b>14</b>	<b>37</b>
Is gas actually connected?		When		
<b>Yes</b>		<b>Unknown</b>		

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>No Change</b>		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

Date First New Oil Run To Tanks <b>No Change</b>		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbl's.	Water-Bbl's.	Gas-MCF	

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	

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**George V. Rocks**  
(Signature)  
District Prod. & Drlg. Supt.  
(Title)  
**3-12-79**  
(Date)

**OIL CONSERVATION COMMISSION**  
**APR 10 1979**

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

BY **Gerry Septon**

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 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.

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MAR 14 1979

OIL CONSERVATION COM. 1.  
HOBBS, N. M.