الای به الای الای این این این این این این این این این ا			
HO. OF COMIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-10; and C-11 Effective 1-1-65 AS
LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator ARCO OIL and Gas	Company -		
Address	ntic Richfield Company Hobbs, New Mexico 88240 Change in Transporter of: 011 Dry Gam	Other (Plcase explain) Change in Operate	
Change in Ownership	Casinghead Gas Conden	sate	
Lesse Name STATE T Location Unit Letter <u>F</u>	U Feet From The North Line	e and 1930 Feet From 7	
Line of Section , Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Shell, Publice Corpo Name of Authorized Transporter of Cast Tithen ary Resources	ER OF OIL AND NATURAL GA	Address (Give address to which approv P.C. Box 1910, Mi Address (Give address to which approv	dland Texpo 79701
If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion	Oti Well Gas Well	Is gas actually connected? Who <i>Yes</i> give commingling order number:	n) - 6 - 5 4 Plug Back Same Res'v. Diff. Res'v.
Date Spudded No Change Pool	Date Compl. Ready to Prod.	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT
. TEST DATA AND REQUEST FO OIL WELL	RALLOWABLE (Test must be af able for this de	(ter recovery of total volume of load oil of pth or be for full 24 hours)	and must be equal to or exceed top allow
Date First New Oil Run To Tanks No Change Length of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas li) Casing Pressure	(, c(c.) Choke Size
Actual Prod. During Test	Qil-Bbis.	Water - Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitet, back pr.)	Length of Test Tubing Pressure	Bbls. Condensate/MMCF Casing Pressure	Gravity of Contensate
CERTIFICATE OF COMPLIANC		OIL CONSERVA	TION COMMISSION
I hereby certify that the rules and re Commission have been complied wi above is true and complete to the	ith and that the information given best of my knowledge and belief.	BY BY TITLE_SUPERVISOR This form is to be filed in a If this is a request for allow	DISTRICT 1 compliance with RULE 1104. vable for a newly drilled or deepened nied by a tabulation of the deviation

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