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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 **ARCO Oil and Gas Company -  
Division of Atlantic Richfield Company**

Address **P. O. Box 1710, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change in Operator Name	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	effective: <b>4-1-79</b>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name <b>STATE T</b>	Well No. <b>8</b>	Pool Name, including Formation <b>Denton Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>STATE</b>
Location Unit Letter <b>M</b> ; <b>990</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>West</b> Line of Section <b>2</b> , Township <b>15S</b> , Range <b>37E</b> , NMPM, <b>Lea</b> County			

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910, Midland Texas 79701</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Tifflery Resources Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>500 W. Illinois, Midland, Texas 79701</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>2</b>	When <b>2-6-54</b>
	Twp. <b>15S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>

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

3. COMPLETION DATA

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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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.

**Serge V. Reales**  
(Signature)

3/7/79

OIL CONSERVATION COMMISSION

APPROVED **APR 10 1979**, 19\_\_\_\_\_  
BY **Jerry S. [Signature]**  
TITLE **Commissioner**

This form is to be filed in compliance with RULE 1103.

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

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW