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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRODUCTION OFFICE				

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

If change of ownership give name and address of previous owner ARCO Oil and Gas Company - Division of Atlantic Richfield Company  
P. O. Box 1610, Midland, Texas 79702

Lease Name Johns A 24 DE	Well No. Post Office, including Formation 6 Maljamar <i>GB-SA</i>	Kind of Lease State, Federal or For Federal	Lease No. 030437
Location Unit Letter <u>M</u> : <u>1200</u> Feet From The <u>South</u> Line and <u>1250</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>17S</u> Range <u>32E</u> , <u>MAPA</u> Lea County			

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipeline Company					P.O. Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of <del>Condensate Gas</del> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company <i>W.C. Nell, Inc. Co</i>					4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Units	Seal	Test	Rest	Is gas currently consumed?	When
	F	24	17S	32E		

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

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

\_\_\_\_\_  
(Signature) PROD SEC  
\_\_\_\_\_  
(Title)  
2/27/87  
\_\_\_\_\_  
(Date)

APPROVED MAR 11 1987, 19 87  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with NULG 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 deviated tests taken on the well in accordance with NULG 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.