

## OIL CONSERVATION DIVISION

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTP. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-102  
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

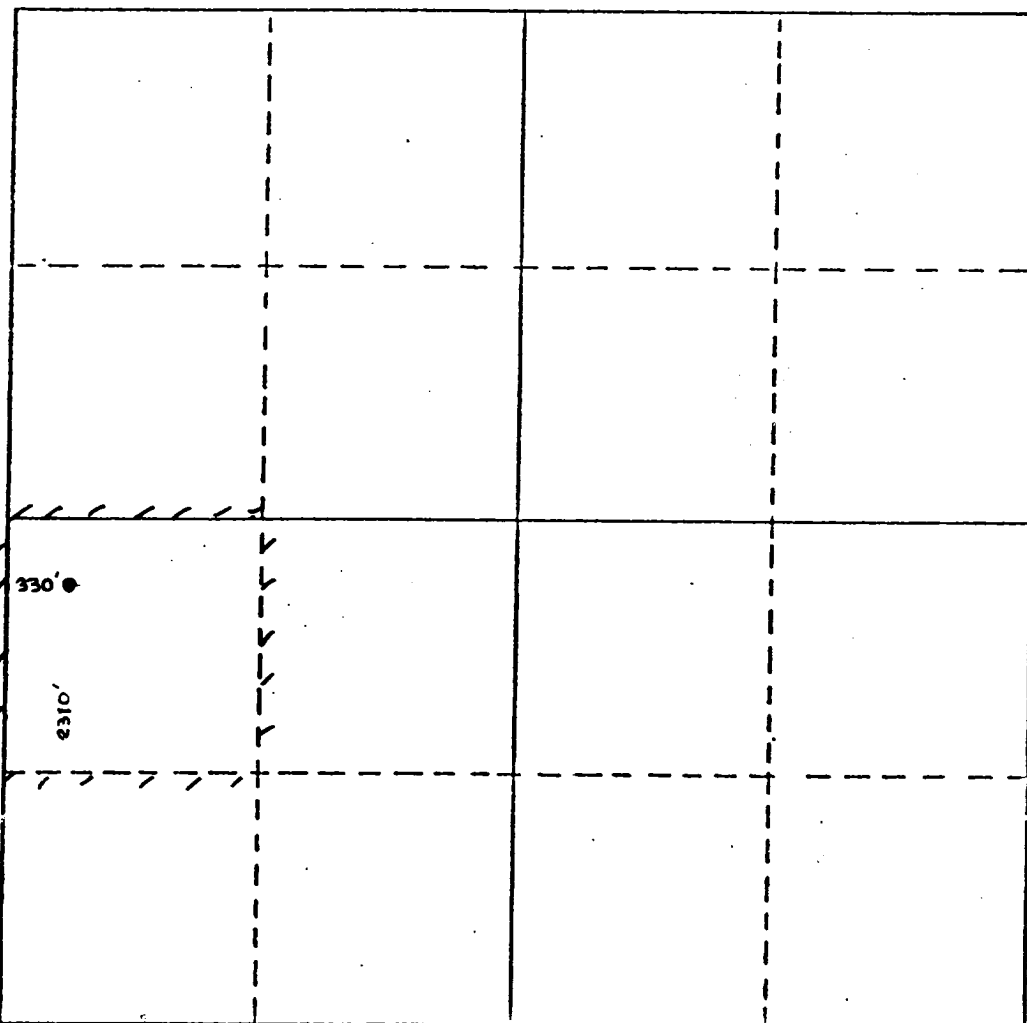
Operator <b>ARCO OIL AND GAS COMPANY</b>			Lease <b>R. F. Fort</b>		Well No. <b>1</b>
Unit Letter <b>L</b>	Section <b>24</b>	Township <b>17S</b>	Range <b>38E</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>2310</b> feet from the <b>South</b> line and <b>330</b> feet from the <b>West</b> line					
Ground Level Elev. <b>3664.1</b>	Producing Formation <b>Wolfcamp</b>		Pool <b>Knowles, Southeast</b>		Dedicated Acreage: <b>40 Acres</b>

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



## CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Ken W. Gosnell*

Name

Ken W. Gosnell

Position

Engr. Tech.

Company

ARCO OIL AND GAS COMPANY

Date

11-7-88

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer  
and/or Land Surveyor

Certificate No.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO OIL & GAS COMPANY  
Division of Atlantic Richfield Company  
Address P.O. Box 1710 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)  Effective 3-1,88
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>R.F. Fort</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Knowles Dev So</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>17S</u> Range <u>38E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>KOCH Oil Co. Div KOCH Inc. Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558 Breckenridge, Tx 76024</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natl Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook Odessa, Texas 79760</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>24</u>
	Twp. <u>17S</u>	Rge. <u>38E</u>
	Is gas actually connected? <u>YES</u> When <u>4-2,85</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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)

Services Supv.

(Title)

2-22,88

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 7 - 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 deviator 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 only Sections I, II, III, and VI 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.

HOBBS OFFICE

MAR 4 - 1988

RECEIVED