

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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| SANTA FE               |     |
| FILE                   |     |
| U.S.O.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of:               | Other (Please explain) <i>Condensate</i> |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | Please assign a testing allowable of     |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | 150 bbls for the month of Feb 1988       |
|  | <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<br><b>Shoe Bar 23 State Com</b>  | Well No.<br><b>1</b> | Pool Name, including Formation<br><b>Shoe Bar Atoka South</b> | Kind of Lease<br>State, Federal or Fee <b>State</b> | Lease No.<br><b>B-1506</b> |
| Location<br>Unit Letter <b>E</b> ; <b>660</b> Feet From The <b>West</b> Line and <b>1980</b> Feet From The <b>North</b> |                      |   |   |                            |
| Line of Section <b>23</b> Township <b>17S</b> Range <b>35E</b> , NMPM, Lea County                                       |                      |   |   |                            |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <b>KOCH Oil Company</b>   | <b>P.O. Box 1558 Breckenridge, Texas 76024</b>                           |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>               | Address (Give address to which approved copy of this form is to be sent) |
|   |  |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| <b>E 23 17S 35E</b>   | <b>No</b>  |

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 Supervisor  
(Title)  
February 10, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 11 1988**, 19\_\_\_\_\_  
BY \_\_\_\_\_  
ORIGINAL SIGNED BY JERRY SEXTON  
TITLE **DISTRICT I SUPERVISOR**

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 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.

RECEIVED

FEB 10 1988

OCD

HOBBS OFFICE