ENERGY AND MINERALS DEPARTN						Form C-104	170 .
DISTRIBUTION	0		CEDV		<u></u>	Revised 10-01-78 Format 06-01-83	
SANTA PE	0	IL CON	ISERV	ATION DIVISI	ON	Page 1	
FILE			P. O. B	OX 2088		-	
U.S.G.S.	SANTA FE, NEW MEXICO 87501			1			
LAND OFFICE							
TRANSPORTER OIL							
QAB	REQUEST FOR ALLOWABLE						
OPERATOR	AND			•			
PAORATION OFFICE	AUTHORI	ZATION T		SPORT OIL AND NAT			
	NO INOR		U IRAN.	SPORT OIL AND NAT	URAL GAS		
Operator ARCO OIL AND G	AS COMPANY						
Dibision of At.		iold Cor					
Address	Lancie Kieni	iein~čoi	iipany				
P.O. Box 1710	Hobbs, New 1	Mexico	882			,	
Reason(s) for filing (Check proper l	box)				se explains Canden	Tote	
				omer fried	a capital ( di ricce ric	- 2	
X New Well	Channe in	Transporter	of.	Plasea	accion a tostina	~11~~~L1	
<b></b>	~~~ `	Transporter		Please	assign a testing	allowabl	e of
Recompletion				Please Ty Cam 150 bb1	assign a <sub>d</sub> testing s for the month o	allowabl f Feb 19	e of 88
Recompletion Change in Ownership change of ownership give name		Transporter phead Gas		Please	assign a <sub>d</sub> testing s for the month o	allowabl f Feb 19	e of 88
Becompletion Change in Ownership change of ownership give name address of previous owner DESCRIPTION OF WELL A cose Name	ND LEASE	ghead Gas Pool Name, 1	ncluding F	Condensate Please 150 bb1	Assign a testing s for the month o	allowabl f Feb 19	e of 88 Legge No.
Recompletion Change in Ownership change of ownership give name address of previous owner DESCRIPTION OF WELL A cose Name Shoe Bar 23 State Co	ND LEASE	ghead Gas Pool Name, 1	ncluding F	Please Dry Gam 150 bb1 Condensate	s for the month o	allowab1 f Feb 19  State	88
Recompletion Change in Ownership change of ownership give name addreas of previous owner DESCRIPTION OF WELL A cose Name	ND LEASE Well No. 1 0m 1	Pool Name, 1 Shoe Ba	ncluding F ar Atok	Condensate Please 150 bb1	s for the month o Kind of Lease State, Federal or Fee	f Feb 19	88 Lease No.
Recompletion Change in Ownership Change of ownership give name addreas of previous owner DESCRIPTION OF WELL A Locate Name Shoe Bar 23 State Co Location Unit Letter <u>E</u> ;	ND LEASE Well No. 1 0m 1	Pool Name, 1 Shoe Ba The We	ncluding F ar Atok	Please Pry Gas 150 bb1 Condensate	S for the month o Kind of Lease State, Federal or Fee Feet From The No	f Feb 19 State	88 Lease No.
Recompletion     Change in Ownership     change of ownership give name     daddreas of previous owner     .     DESCRIPTION OF WELL A     .     .occe Name     Shoe Bar 23 State Cc     .occition     Unit Letter	OII Casing Casing MD LEASE Well No. F om 1 660 Feet From Township 175 SPORTER OF OI	Pool Name, 1 Shoe Ba The We	ncluding F ar Atok	Please Pry Gas 150 bb1 Condensate 200 bb1 Formation ca South ne and 1980 35E , NMPI	S for the month o Kind of Lease State, Federal or Fee Feet From The No	f Feb 19 State	88 Lease No. B-1506
Recompletion     Change in Ownership     change of ownership give name     daddress of previous owner     .     DESCRIPTION OF WELL A	OII Casing Casing MD LEASE Well No. F om 1 660 Feet From Township 175 SPORTER OF OI	Pool Name, 1 Shoe Ba The We	ncluding F ar Atok est Lir Range	Please Pry Gas 150 bb1 Condensate 150 bb1 Formation ca South ne and 1980 35E , NMP L GAS	S for the month o Xind of Lease State, Federal or Fee Feet From TheNo A, Lea	f Feb 19 State orth	88 Lease No. B-150( County
Recompletion     Change in Ownership     change of ownership give name     daddress of previous owner     .     DESCRIPTION OF WELL A .eque Name     Shoe Bar 23 State Co .occuion     Unit Letter E     .     Line of Section 23     T I. DESIGNATION OF TRAN	OII Casing Casing MD LEASE Well No. F om 1 660 Feet From Township 175 SPORTER OF OI	Pool Name, 1 Shoe Ba The We 5 p	ncluding F ar Atok est Lir Range	Please Pry Gas   150 bb1 Condensate   150 bb1 Conde	S for the month o Kind of Lease State, Federal or Fee Feet From The No M, Lea to which approved copy of the	f Feb 19 State orth	88 Lease No. B-150( County be sen()
	OII Casing MD LEASE Well No. 1 0m 1 660 Feet From Township 175 SPORTER OF OI 011 Con Con	Pool Name, 1 Shoe Ba The We S I	ncluding F ar Atok est Lir Range	Please Pry Gas Condensate Condens	S for the month o	f Feb 19 State orth his form is to xas 760	88 Loase No. B-1500 County be sen() 24
Recompletion     Change in Ownership     change of ownership give name     daddreas of previous owner     .     DESCRIPTION OF WELL A .ease Name     Shoe Bar 23 State Co .occilion     Unit Letter	OII Casing MD LEASE Well No. 1 0m 1 660 Feet From Township 175 SPORTER OF OI 011 Con Con	Pool Name, 1 Shoe Ba The We 5 p	ncluding F ar Atok est Lir Range	Please Pry Gas Condensate Condens	S for the month o Kind of Lease State, Federal or Fee Feet From The No M, Lea to which approved copy of the	f Feb 19 State orth his form is to xas 760	88 Loase No. B-1501 County be sen() 24
Becompletion Change in Ownership change of ownership give name address of previous owner DESCRIPTION OF WELL A .eoze Name Shoe Bar 23 State Co .occilion Unit Letter E Line of Section 23 T I. DESIGNATION OF TRAN forme of Authorized Transporter of C KOCH Oil Company	OII Casing MD LEASE Well No. 1 0m 1 660 Feet From Township 175 SPORTER OF OI 011 Con Con	Pool Name, 1 Shoe Ba The We S I	ncluding F ar Atok est Lir Range	Please Pry Gas Condensate Condens	s for the month o Xind of Lease State, Federal or Fee Feet From TheN M, Lea to which approved copy of th Breckencidge, Tes to which approved copy of th	f Feb 19 State orth his form is to xas 760	88 Loase No. B-1501 County be sen() 24

1

BY

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.

Hand Calm
(Steristiwe)
Services Supervisor
(Tule)
<u>February 10, 1988</u>
(Date)

	IL CONSERVATION DIVISION	
PPROVED_	FEB 1 1 1988	19

## ORIGINAL SIGNED BY JERRY SEXTON

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 walls.

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.

RECEIVER FEB 1 0 1988