

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Please assign an oil testing allowable of 275 bbls per day effective Jan. 15, 1988
<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>Atlantic State "30"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>South Double "A" also</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>NM 752</u>
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650 1605</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>17S</u> Range <u>36E</u> , <u>NMPD</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>ENRON</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 10607 Midland, Texas 79702</u>	
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 <u>B</u>	Sec. <u>30</u>
	Twp. <u>17S</u>	Rge. <u>36E</u>
	Is gas actually collected? <u>NO</u> When _____	

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.

Services Supervisor

January 15, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 18 1988

, 19

BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DISTRICT 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 Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JAN 15 1988

OCD
HOEBS OFFICE