

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 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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) Other (Please explain)  
☐ New Well ☒ Change in Transporter of:  
☐ Recompletion ☒ Oil ☐ Dry Gas  
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Effective 3-1-88

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State 157 D</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease <u>State, Federal or Fee</u> <u>STATE</u>	Lease No. <u>157</u>
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>E</u> Line of Section <u>12</u> Township <u>22</u> Range <u>36</u> , NMPM, <u>LEA</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

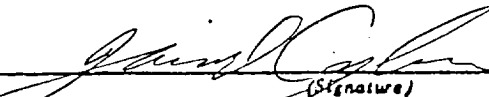
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>KOCH Oil Co. Div of Koch Ind. Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558 Breckenridge, Texas 76024</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589 Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>12</u> Twp. <u>22S</u> Rge. <u>36E</u>	Is gas actually connected? <u>YES</u> When <u>9-26,79</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.

III. CERTIFICATE OF COMPLIANCE

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 17, 1988  
(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 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.

McGraw-Hill  
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