

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.G.A.	
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)

☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

Effective 3-1-88

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State 157 D	Well No. 14	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee STATE	Lease No. 157
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Location
Unit Letter **K** ; **1980** Feet From The **S** Line and **2210** Feet From The **WEST**
Line of Section **12** Township **22S** Range **36E** , NMPM, **LEA** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

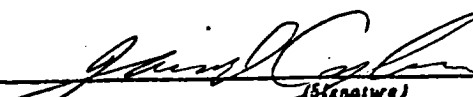
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH Oil Co. Div of Koch Ind. Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Ok 74102
I well produces oil or liquids, give location of tanks. N 12 22S 36E	Is gas actually connected? YES When 4-12-80

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.

I. 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 allow-
able 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

MAR 4 - 1988

OCD
HOBBS OFFICE