STATE OF NEW MEXICO		·					
ENERGY AND MINERALS DEPARTMENT					Form C-104		
						1-78 · · · · · · · · · · · · · · · · · · ·	
SANTA PE					Page 1		
P. O. BOX 2088							
LAND OFFICE							
TRANSPORTER OIL							
REQUEST FOR ALLOWABLE							
	-	ND					
I. AUTHORIZA	TION TO TRANS	PORT OIL A	IND NATU	RALGAS			
Operator ARCO Oil and Gas Company						<u>-</u>	
Division of Atlantic Richfield Co	mpany						
Address							
P.O. Box 1710, Hobbs, New Mexico	00240						
Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well Change in Transporter of: Recompletion X OII Dry Gas Effective 3/01/88						
Change in Ownership Casinghead Gas Condensate							
		<u>l.</u>					
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND LEASE							
Lease Name Well No. Pool Name, Techning Personalion				Kind of Lease	-	Lease No.	
McDonald WN State 30 Jalmat Yates			1	Sicie, Federal or Fee	State	A-2614	
Location							
Unit Letter L : 1980 Feet From Th	•Lin	• and <u>990</u>)	_ Feet From The			
	D	0.6 -		T T A		County	
Line of Section 24 Township 22S	Range	36E	, NMPM,	LEA		County	
III. DESIGNATION OF TRANSPORTER OF OIL	AND NATURAI	GAS					
Name of Authorized Transporter of QII X or Conden		Address (Gin		o which approved copy a		o be sent)	
KOCH Oil Co. Div of KOCH IND Inc.			P.O. Box 1558, Breckenridge, Tx 76024				
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀			Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company		P.O. Box 1384, Ja1, NM 88252					
If well produces off or liquids, Unit Sec.	Twp. Rge. 22 36	ls gas actua. Yes	lly connecte	1 - 13	3.83		
give ideation of ionizat	L	<u> </u>					
If this production is commingled with that from any oth	er lease or pool,	give commin	gling order	nunber:	······	· · · · · · · · · · · · · · · · · · ·	
NOTE: Complete Parts IV and V on reverse side i	f necessary.						
VI. CERTIFICATE OF COMPLIANCE							
I hereby certify that the rules and regulations of the Oil Conserva-	ation Division have	APPROV	ED	<u> </u>	88	19	
been complied with and that the information given is true and con			·····	••			
my knowledge and belief.			BY ORIGINAL SIGNED BY JERRY SEXTON				
		TITLE		DISTRICT I SUPERV	/isor		
00	0	This	form is to	be filed in compliand		, 1104.	
James & Contra	ma	If this	is a requi	at for allowable for	a newly drille	d or deepened	
(Signature) Services Supv.			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Title)			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.				
2/22/88 (Date)	i	Fill c well name	or number.	octions I, II, III, and or transporter, or othe	I VI for change ir such change	of condition.	
			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.				
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