

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.S.		
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 DIV. 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:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)  
TEMPORARY GAS CONNECTION WHILE TESTING TO KEEP FROM FLARING

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LANGLEY BOREN	Well No. 2	Pool Name, including Formation LANGLEY STRAWN	Kind of Lease State, Federal or Fee FEE	Lease No.
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Location  
Unit Letter A ; 330 Feet From The North Line and 660 Feet From The East  
Line of Section 20 Township 22S Range 36E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

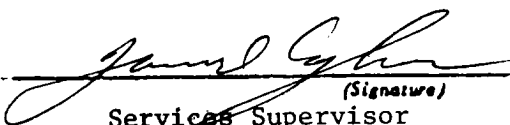
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL CO. DIV. KOCH IND., INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TX 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) BOX 1589, TULSA, OK 74102
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>20</u> Twp. <u>22S</u> Rge. <u>36E</u>	Is gas actually connected? <u>YES</u> When <u>11-23-88</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.

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.

  
(Signature)  
Services Supervisor

11-28-88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

NOV 30 1988  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 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 Forms C-104 must be filed for each pool in multiply completed wells.

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DISTRICT 1, HOBBS OFFICE  
NOV 29 1988

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