STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI	0 M		
BANTA PE			
PILE			
U. 8.0 .4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

,			
Operator ARCO OIL AND GAS COMPANY			
Division of Atlantic Richfield Company			
Address			
P.O. Box 1710 Hobbs, New Mexico 88240			
Reoson(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	755-24-2 2 1 00		
Recompletion X OII Dry Gas Effective 3-1-88			
Change in Ownership Casinghead Gas Co	ondens ate		
f change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease Lease No.		
Legae Name			
Mae F. Curry 2 Eumont Yate	s 7R On - GB State, Federal or Fee FEE		
Location			
Unit Letter A : 330 Feet From The N Lin	e and 660 Feet From The E		
Unit Letter A : 350 Pest Fibra ins 550			
Line of Section 7 Township 21S Range 3	7E , NMPM, LEA County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Addiess (Give address to which approved copy of this form is to be sent)			
Transporter of Oll A or Condensate			
KOCH Oil Co. Div of Koch Ind. Inc.			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Tornoration FEEE CTIVE Colonians 1 - 1007			
Phillips Petroleum Company NATGE GAS	19601 Petibrook Pedessi, Texas 79762		
lintt Sec. Twp. Rge.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks. B 7 1215 37F	YES 12-23,82		
and with that from any other lease or pool,	give commingling order number:		
f 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.			
OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE			
States the other and regulations of the Oil Conservation Division have APPROVED 19			
been complied with and that the information given is tide and complete to the			
ny knowledge and belief.	DISTRICT I SUPERVISOR		
	TITLE		
This form is to be filed in compliance with RULE			
If this is a request for allowable for a newly dri well, this form must be accompanied by a tabulation tests taken on the well in accordance with AULE 1			
Services Supervisor (Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
February 17, 1988	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 multip. completed wells.		

