

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
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

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)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Effective 3/01/88	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McDonald WN State</u>	Well No. <u>9</u>	Pool Name, including formation <u>Jalmat Yates Gas</u>	Kind of Lease State, Federal or Fee	State <u>State</u>	Lease No. <u>A-2614</u>
Location Unit Letter <u>G</u> : <u>1750</u> Feet From The <u>N</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>22S</u> Range <u>36E</u> , 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"/> <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, Tx 76024</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1384, Jal, NM 88252</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>D 24 22 36</u>
Is gas actually connected?	When <u>Yes Unknown</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.

James H. Ceylan
(Signature)
Services Supv.
(Title)
2/22/88
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 25 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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.

