

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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)

- ☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☒ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)

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>24</u>	Pool Name, including formation <u>Jalmat Yates Gas</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>A-2614</u>
Location Unit Letter <u>E</u> : <u>1780</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>LEA</u> County				

II. 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 <u>D</u>	Sec. <u>24</u>	Twp. <u>22</u>	Rge. <u>36</u>	Is gas actually connected? <u>Yes</u>	When <u>5-16,74</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. Cybura  
(Signature)  
Services Supv.  
(Title)  
2/22/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19  
BY FEB 25 1988  
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.

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