STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

	I^-	
DIST N ID UT 100		1
SANTA PE		
PH.E		
W.S.G.A.		
LAND OFFICE		
TRAMSPORTER OIL		
OAS		
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

OPERATOR		KEQ		OR ALLOW	ABLE	•		
PROBATION OFFICE	ALITHOF) 74T!AL T		AND	41.00 41.1 5			
I.	AUTHOR	RIZATION TO	UIKAN	SPORT OIL	. AND NATI	URAL GAS		
Operator								
ARCO Oil and Gas Co	mpany							
P. O. Box 949, Andr	ews Ty	79714						
Reason(s) for filing (Check proper box)		7 77 1 4			Other (Pleas	re explain)		
Now Well	Change in Transporter of:		omer to record saying,					
Recompletion	O11		c	ry Gas				
Change in Ownership	Cest	nghead Gas	<u> </u>	Condensate			· 	
If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·		 		·			
II. DESCRIPTION OF WELL AND								
Duthie Andrews WN	Well No.	Pool Name, I			almit	Kind of Lease State, Federal or Fee	Fed.	Legse No. LC-54453
Lecetion				7				
Unit Letter B : 660	Feet From	m The N	L#	ne and]	980	Feet From The E		
Line of Section 19 Town	ahin 2	23S F	lange	37 E	, NMPN	. Lea		_
Care of Section 15 1own	, Land		·		, NMPK	A, LEG		County
III. DESIGNATION OF TRANSPO		OIL AND N	ATURA					
Name of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024					
Koch Oil Company	nahend Con (T	L as Dev Ca						
Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas (1) El Paso Natural			Address (Give address to which approved copy of this form is to be sens) P. O. Box 1384, Jal, NM 88252					
	Unit Sec.	Twp.	Rge.	Is gas act	ually connect	ed? When M =	2/2/76	
give location of tanks.	B ! 1	9 235	37E	Yes		Jalmat -	8/3/83	
If this production is commingled with	that from any	y other lease	or pool,	give comm	ingling orde	r number: DHC N	o. 402	
NOTE: Complete Parts IV and V	on reverse si	de if necessu	ary.					
VI. CERTIFICATE OF COMPLIAN				11	טוו כ	ONSERVATION DI	VISION	
				 	0.00		VIOIOIV	
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		APPRO			 ,	, 19		
my knowledge and belief.	given is true and	a complete to t	ine best of	BY	ORIG	INAL SIGNED BY BEP		.}
	\sim			TITLE				
	100	00 11	1_	1	*		,	
A. L. Stafford	les J.	talled		1		be filed in compliance		
Signasy		//		well, thi	is form must	seat for allowable for a be accompanied by a	tabulation of	of the deviation
Area Prod. Superintendek		/ '		tests tal	ken on the t	well in accordance wit	h AULE 11	1,
June 20, 1988				able on	new and rec	this form must be fille completed wells.	a out compl	stely for allow

(Dese).

Orig. + 5 xc - NMOC 1 xc - E. Carlton, DAB 1 xc - E. Casbeer, MIO 1 xc - Jal

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.