

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | GAS |
| PRODUCTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
ARCO Oil and Gas Company

Address
P. O. Box 949, Andrews, Tx. 79714

Reason(s) for filing (Check proper box)

| | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas | Other (Please explain) Effective 3/1/88 |
| <input type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Condensate | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-------------------|---|---|-----------|
| Lease No. <u>1</u> F. H. Curry WN | Well No. <u>4</u> | Pool Name, including Formation Langlie Mattix 7 RQ <u>GB</u> | Kind of Lease State, Federal or Fee <u>Fee</u> | Lease No. |
| Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line of Section <u>1</u> Township <u>24S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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 Company | 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"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1384, Jal, NM 88252 |
| If well produces oil or liquids, give location of tanks. | Unit <u>N</u> Sec. <u>1</u> Twp. <u>24S</u> Rge. <u>36E</u> Is gas actually connected? <u>Yes</u> When <u>8/22/80</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.

A. L. Stafford

Area Production Superintendent

February 18, 1988

A. L. Stafford
(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 25 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 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.

Orig + 5 xc - NMOC

1 xc - Elaine Carlton - DAB

1 xc - E. Casbeer - MIO