NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u></u>	
OPERATOR			
PRORATION OFFICE		<u> </u>	
Operator I	ARCO (Oil	and

NO. OF COPIES RECEIVED	7			
DISTRIBUTION		DUCEDVATION COMMESION	Form C -104	
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C		
	REQUEST	AND	Effective 1-1-65	
ILE	ALITHODIZATION TO TRA	NSPORT OIL AND NATURAL G	ΔS	
J.S.G.S.	_ AUTHORIZATION TO TRA	1431 OKT OIL AND NATOKAL O		
OIL	-			
TRANSPORTER GAS	- -			
OPERATOR				
PRORATION OFFICE Decretor ARCO Oil at	nd Gas Company			
Division of Atlantic	Richfield Company			
P.O. Box 1710, Hobbs,	N.M. 88240			
Reason(s) for filing (Check proper bo	ox)	Other (Please explain)		
New Well	Change in Transporter of:	Please assign a 2	2,000 bbl. testing	
Recompletion	Oil Dry Ga	s allowable during	the month of October,	
Change in Ownership	Casinghead Gas Conder	1 1		
		1		
f change of ownership give name nd address of previous owner				
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	e Legse No.	
Lease Name Duthie Andrews Com.	1 Langlie Mattix	7R Qn State, Federa	LC-03272	
Location O	1980 _{Feet From The} East Lir	ne and Feet From	South	
Unit Letter;;	Feet From TheLir	e drid	_	
18 T	Cownship 23S Range	37E , NMPM,	Lea County	
Line of Section 10				
DESIGNATION OF TRANSPO			1 (.1: (
Name of Authorized Transporter of C	ion	P.O. Box 1183, Houston Address (Give address to which appro	need copy of this form is to be sent) Texas 77000 need copy of this form is to be sent)	
Name of Authorized Transporter of C	ion	P.O. Box 1183, Houston	, Texas 77000 nued copy of this form is to be sent)	
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GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or concensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size
			TION COMMENTAL

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.L. Shockelford	
(Signature)	
Engrg. Tech. Spec.	
(Title)	
10-2-81	

(Date)

OIL CONSERVATION COMMISSION

OCT 2 APPROVED. Orig. Signed BY_ Jerry Senton 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 total wells.