Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico By, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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$\overline{\infty}$	Rio	Brazos	Rd.	Aztec.	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A		2	
ARCO OIL AND GAS COMPA	ANY						30-	025-1190	<u>U</u>	
Address	VIII	00070								ļ
BOX 1710, HOBBS, NEW I	MEXICO	88240			Orb	er (Please expla	in)			
Reason(s) for Filing (Check proper box)		Change in	Transr	orter of:		(* e-spec				
New Well Recompletion	Oil	~~	Dry G		EF	FECTIVE:	4/28/9	92		
Change in Operator			Conde		PF	RIOR NAME	ARNOTT	RAMSAY ((NCT-F)	
f change of operator give name CHE			TNC	- P. O	. BOX 11	50, MIDL	AND. TX	79702		
and address of previous operatorCHE	AICH U	,	11,0	,,		,	,			
L DESCRIPTION OF WELL	AND LEA						y			
Lease Name					ng Formation	Q1		Lease Federal or Fee		ase No.
ARNOTT RAMSAY F		3	J	USTIS G	LORIETA	the	(3000)		B-22	9
Location	,			7	JODTH	1080	1		EAST	
Unit LetterB	_ :	660	Feet F	rom The	Lin	e and1980	Fe	t From The	LHOI	Line
Section 36 Township	. 25	5S	Range	371	E . N	MPM,	LEA			County
Section 30 Townsing		<u> </u>	- ALLEGE	, <u>-</u>						
III. DESIGNATION OF TRAN	SPORTE	R OF O	LAN	ND NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conden		\boxtimes	Address (Giv	e address to wh				·보)
KOCH OIL CO., A DIV. O	F KOCH			<u> </u>		OX 3609,				<u></u>
Name of Authorized Transporter of Casing		<u> </u>	•	y Gas 🔀		e address to whoson 1226,			m is 10 0€ \$6 .	ne j
SID RICHARDSON CARBON	& GASO	Sec.	Twp.	Pos	Is gas actuall		When			•
If well produces oil or liquids, give location of tanks.	lour l		, πβ. 	1 1/80	_	YES	:	NKNOWN		
f this production is commingled with that i	from any oth	her lease or	pool, e	ive comming						
V. COMPLETION DATA										
	(Y)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion		Bandii ta	Bod		Total Depth	L	L	P.B.T.D.		1
Date Spudded	Date Com	pl. Ready to	rrod.		Total Peters			r.B.1.D.		İ
Elevations (DF, RKB, RT, GR, etc.)	Name of D	roducina Fo	matic		Top Oil/Gas	Pay		Tubing Depth		
LIETHUUM (DF, KKD, KI, UK, MC.)	Name of Producing Formation									
				•						
Perforitions	<u>]</u> ,	<u> </u>		,				Depth Casing	Shoe	
Perforitions	l			,				Depth Casing	Shoe	
Perfonitions					CEMENTI	NG RECOR	D			
Perforitions HOLE SIZE		TUBING, ISING & TU			CEMENTI	NG RECOR DEPTH SET	D		Shoe	ENT
					CEMENTI		D			ENT
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.