	DISTRIBUTION SANTA FE LILE U.S.G.S. LAND OFFICE TRANSPORTER GAS GAS	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	PROPATION OFFICE API # 30-039-22012			
•	ARCO Oil & Gas Company, Division of Atlantic Richfield Company			
	Address			
	Suite 501, 1860 Lincoln St., Denver, Colorado 80295 Reason (Filing (Check proper box) Other (Please explain)			
	ew Wei. Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden		
ļ	change of ownership give name			
and address of previous owner				
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lea	ISE Lease No.
	Jicarilla Apache JV			ral or Fee Indian JV
	Location			Most
Unit Letter C: 950 Feet From The North Line and 1840 Feet From T				The West
				Arriba County
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.S	
	Name of Authorized Transporter of Oil 🔀 or Condensate 🗍 Address (Give address to which approved copy of this form is to be sent)			
	Permian Corporation Name of Authorized Transporter of Cas			roved copy of this form is to be sent)
	El Paso Natural Gas	Company		mington, New Mexico
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.		when As soon as contract negotiated
	If this production is commingled with that from any other lease or pool, give commingling order number:			
	COMPLETION DATA On Well Gas Well New Well Workover Deepen Flug Back Same Resty. Diff. Resty.			
	Designate Type of Completio	1 A	1	P.B.T.D.
	Date Spuadea	Date Compl. Ready to Prod.	Total Depth 7666' TD	7560' PRTD
	7-20-79 Elevations (DF, RKB, RT, GR, etc.)	8-24-79 Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	7242' GL 7253' KB	Dakota	7291'	7286 Depth Casing Shoe
	Performuchs Dakota "A" 7317-733	31' & 7291-7307'; "B'	<u> 7401-7415'</u>	7665'
		TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	8-5/8" OD	3251	300 sks
	7-7/8"	5-1/2" OD	7665	750 sks (2 stg)
		2-3/8" OD	7286'	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of botal volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
	OH, WELL Date First New Off Run To Tanks	Date of Test	Producing Method (Flowspump, gas	lift, etc.)
	8-18-79	8-24-79 Tubing Pressure	Flow Casing Pressure	Choke Size
	Lengin of Test 24 hours	290#	580#	1.4digstable
	Actual Pros. During Test	CA - Bola.	Worter - Bbis.	676
	43 bbls.	28	15	1 0/0
	GAS WELL Boile Condensate MMCF Gravity of Condensate			Growthy of Condensate
	Actual Proc. Test-MCF/D	Length of Test	Brie. Condenscis/MMCr	Gillyny or Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		<u> </u>	OIL CONSERV	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED Original Signed by Landricks	
	above is true and complete to the best of my knowledge and belief.		BYSUPERMACE IN	

(Signature)

(Date)

K. L. Flinn (Signature)
Operations Information Assistant

9-10-79

TITLE _

This form is to be filed in compliance with RULE 1104.

SUPERVICE I'M

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 nompleted wells.