

## APPLICATION FOR DRILLING OR ADDITIONAL GAS

R.  
API 30-039-22013

ARCO Oil and Gas Company, A Division of Atlantic Richfield Company

Address

Suite 501, 1860 Lincoln St., Denver, Colorado 80295

Kind of Drilling (Check proper box)

Other (Please explain)

 New Well

Change in Transporter of:

 Recon. R. Job

Oil

Dry Gas

 Change in Ownership

Comingled Gas

Condensate

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

## E. DESCRIPTION OF WELL AND PLACE

Well No./Pool Name, Including Formation	Kind of Lease	Lease No.
Jacarilla Apache JV S E-2 Chacon-Dakota (Dakota)	State, Federal or Fee Indian	Joint Venture
Unit Letter I, 1840 Feet From The South Line and 800 Feet From The East		
Line of Section 5 Township 23N Range 3W, N.M.P.M.	Rio Arriba county	

## III. PLANS AND CHARTS OF OIL AND NATURAL GAS

Name of well and kind of oil (Gas or Condensate) 

Address (Give address to which approved copy of this form is to be sent)

Perman Corporation

Box 1702, Farmington, New Mexico 87401

Name of well and kind of gas ( Dry Gas )

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company

Box 990, Farmington, New Mexico 87401

If well produces oil or liquids, Unit Sec. Town Reg. No. 1840 I 5 23N 3W

Is gas initially connected? When As soon as contract negotiated.  
No

If the production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Dif. Reservoir
Date Spudded	Date Cmp., Ready to Prod.	Total Depth	P.B.T.D.					
6-7-79	7-1-79	7772' TD	7721-PPTD					
Location H.P., L.L., R.R., U.K., etc.	Name of Producer, Formation	Top Oil/Gas Pay	Tubing Depth					
7345' GR, 7359' KB	Dakota	7330' KB	7324' KB					
Frac. Stages		Depth Casing Shoe						
Dakota A: 7338-7367 & 7382-89; Dakota B: 7449-7472			7767' KB					

## V. PRODUCTION REPORT AND ALLOWABLES (This must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for its depth or be for full 24 hours)

Oil Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	FLOW
7-1-79	7-7-79	Casing Pressure	Choke Size
24 hrs	1100#	1500#	Open
56		Water Blank	Gas-MCF

## C. O. T. P. E.

Action for a new well	Length of Test	BBbls. Condensate/Barrel	Gravity of Condensate
Testing Existing Well, Test Pts.	Testing Pressure (Barrels)	Casing Pressure (Barrel)	Choke Size

## VI. CERTIFICATE ON CHANGES

I hereby certify that the information contained in the Oil Conservation Commission is true and correct, and that the information given thereon is based upon to the best of my knowledge and belief.

John A. Woltjer, Jr.  
Operations Manager  
7-11-79

## OIL CONSERVATION COMMISSION

APPROVED JUL 20 1979, 19

Original Signed by John Woltjer

SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.  
It is a request for allowable for a newly drilled or deeper well. This form must be accompanied by a tabulation of the deviation factors taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for each well, new and recompleted wells.

Fill out only sections I, II, III, and VI for changes of well names or number, or if participation in other each change of condensate. Forms C-104 must be filed for each pool in which it is operated.