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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API #30-209-22012

Operator ARCO Oil & Gas Company, Division of Atlantic Richfield Company	
Address Suite 501 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well: <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion: <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership: <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache JV 5	Well No. 4	Pool Name, Including Formation Chacon - Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. Joint Vent.
Location Unit Letter K ; 1840 Feet From The South Line and 1840 Feet From The West				
Line of Section 5 Township 23N Range 3W , NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent) Permian Corporation P.O. Box 1720, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 5	Twp. 23N	Rge. 3W
	Is gas actually connected?		When as soon as contract negotiated	

If this 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-9-79	Date Compl. Ready to Prod. 9-11-79		Total Depth 7676' TD		P.B.T.D. 7623' PBTD			
Elevations (DF, RKB, RT, GR, etc.) 7272' GL 7283' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7276'		Tubing Depth 7330'			
Perforations Dakota "A" 7276-7290'; 7298'-7310'; Dakota "B" 7382'-7390'					Depth Casing Shoe 7675'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		306'		300 sks			
7-7/8"	5-1/2" OD		7675'		850 sks (2 stage)			
	2-3/8" OD		7330'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-10-79	Date of Test 9-11-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 225#	Casing Pressure 500#	Choke Size Adjustable
Actual Prod. During Test 52 bbls.	Oil - Bbls. 25	Water - Bbls. 27	Gas - MCF 710

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

K. L. Flinn
Operations Information Assistant
10-11-79

OIL CONSERVATION COMMISSION

APPROVED OCT 15 1979, 19
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DISTRICT # 3

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.