	NO. OF COPIES RECEIVED	1		I	
	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION		 Form C=104		
	SANTA FE /	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-1	
	FILE	AND		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS VAL	
	LAND OFFICE			は し、	
	FRANSPORTER OIL			10.	
	GAS /				
	OPERATOR /	4			
1.	PRORATION OFFICE	<u> </u>			
	Atlantic Richfield C	omnany			
	Address				
	501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado 80295				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well XX	Change in Transporter of:		•	
	Recompletion	Oil Dry Go	ıs 🔲		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner	N/A			
IJ.	DESCRIPTION OF WELL AND				
	Lease Name	Well No. Pool Name, Including F		20000 1101	
	Chacon Federal	l Chacon - Dako	ota State, Fede	ral or Fee Federal SF080472	
	Location		_		
	Unit Letter P; 8	00 Feet From The East Lir	ne and 800 Feet From	The South	
	Line of Section 30 Township 211N Range 3W , NMPM, Rio Arriba County				
	Line of Section 30 Township 24N Range 3W , NMPM, R10 Arriba County				
TTY	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs		
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)	
	Permian Corporation P. O. Box 1702, Farmington, New Mexico 87401				
	Permian Corporation P. O. Box 1702, Farmington, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry GasXX Address (Give address to which approved copy of this form is to			roved copy of this form is to be sent)	
	El Paso Natural Gas Co	ompany	P. O. Box 990, Farming	gton, New Mexico 87401	
	If well produces oil or liquids,	Unit Sec. Twp. Pge.		/hen	
	give location of tanks.	P 30 24N 3W	Not as of this date !		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
	COMPLETION DATA OIL Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v				
	Designate Type of Completic	(V)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
		i	Total Depth	P.B.T.D.	
	Date Spudded 5-16-78	Date Compl. Ready to Prod. 6-30-78	7779' RKB		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	7250' GR, 7264' RKB	Dakota A & B Zones	7378' RKB	7343' RKB	
		- $7505'$ w/2 jet shots/f		Depth Casing Shoe	
				7779' RKB	
Dakota A 7378' - 7420' w/l jet shot /ft. 43 shots 7' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	8-5/81 OD 24#	314: RKB	275	
	7-7/8"	5½" OD 15.5 & 17#	7779' RKB	505	
			<u> </u>		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of sotal volume of load oil and must be equal to or exceed top allow able for this depth or be for ful! 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift. etc.)	
		7-11-78	Flow		
	7-11-78 Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.	1170# (flwg.)	1820# (flwg.)	15/64#	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	258	258	Est. 72 (frac wtr.)	451	
	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)	Choxe Size	
			<u> </u>		
V1.	. CERTIFICATE OF COMPLIANCE		OIL CONSERV	OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		11 1888 5	21 1978	
			AFFROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by A. R. Kendrick		

SUPERVISOR DIST. #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 silowable 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.

R./J. Paglasotti (Signature)
Openations Information Assistant

July 18, 1978

(Title)

(Date)

TITLE .