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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

B.R.

Operator Atlantic Richfield Company	
Address 501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Federal	Well No. 2	Pool Name, Including Formation Chacon - Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-02402
Location				
Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>West</u>				
Line of Section <u>33</u> Township <u>24 North</u> Range <u>3 West</u> , NMPM, <u>Rio Arriba</u> 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) P. O. Box 1702, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>33</u>
	Twp. <u>24N</u>	Rge. <u>3W</u>
	Is gas actually connected? <u>Not as of this date</u> When <u>- - -</u>	

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-6-78	Date Compl. Ready to Prod. 7-13-78	Total Depth 7533'	P.B.T.D. 7420'					
Elevations (DF, RKB, RT, GR, etc.) 7050' GR, 7064' RKB	Name of Producing Formation Dakota A & B Zones	Top Oil/Gas Pay 7146'	Tubing Depth 7070'					
Perforations Dakota A 7146-7186' w/2 jet shots/ft. 82 shots Dakota B 7263-7273' w/1 jet shot /ft. 11 shots	Depth Casing Shoe 7530' RKB							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD 24#		317' RKB		275 SX			
7-7/8"	5-1/2" OD 15.5 & 17#		7530' RKB		520 SX			

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 7-12-78	Date of Test 7-12-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 1350# (flwg.)	Casing Pressure 1585# (flwg.)	Choke Size 16/64"
Actual Prod. During Test 174	Oil - Bbls. 174	Water - Bbls. 25	Gas - MCF 1745

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

R. J. Pagliasotti
Operations Information Assistant
July 21, 1978

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE _____

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.