

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
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-105
Effective 1-1-65

B.K.

Operator Atlantic Richfield Company		
Address 501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado 80295		
Reason for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Federal	Well No. 6	Pool Name, Including Formation Chacon-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-02402
Location Unit Letter D ; 790 Feet From The North Line and 790 Feet From The West Line of Section 20 Township 24 North Range 3 West , 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"/> Permian Corporation	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	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 D	Sec. 20
	Twp. 24N	Rge. 3W
	Is gas actually connected? When Not as of this date - - -	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X					
Date Spudded 9-9-78	Date Compl. Ready to Prod. 10-25-78	Total Depth 7571'	P.B.T.D. - - -					
Elevations (DF, RKB, RT, GR, etc.) 6879' GR, 6893' RKB	Name of Producing Formation Dakota A & B Zones	Top Oil/Gas Pay 7187'	Tubing Depth 7119'					
Perforations Dakota A 7167-7226' w/1 jet shot/ft, 33 shots Dakota B 7307-7316' w/2 jet shots/ft, 18 shots	Depth Casing Shoe 7571'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8" OD 24#	332' RKB	275 SX					
7-7/8"	5-1/2" OD 15.5 & 17#	7571' RKB	455 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 10-23-78	Date of Test 10-25-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 300#	Casing Pressure 750#	Choke Size 30/64"
Actual Prod. During Test 312	Oil - Bbls. 312	Water - Bbls. 82	Gas - MCF 590

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.

B. R. Still
Operations Information Assistant
(Title)

October 26, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.