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TRANSPORTER	OIL	
	GAS	
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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-105
Effective 1-1-65

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company	
Address 1860 Lincoln St., Suite 501, Denver, Colorado 80295	
Reason(s) for filing (check proper box)	Other (Please explain) Effective 4/1/79
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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"/>
Assumed name for formerly Atlantic Richfield Company.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Chacon Fed.	Well No. 7	State, Federal or Fee Fed. SF	080472-A
Pool Name, including Formation Chacon Dakota			
Location Unit Letter H ; 1650 Feet From The North Line and 850 Feet From The East			
Line of Section 30 Township 24N Range 3W, NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Permian Corporation	Box 3119, Midland TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit H Sec. 30 Twp. 24N Rge. 3W	Is gas actually connected?	When 2-6-79

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

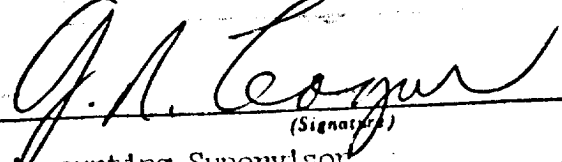
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Recover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay.				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of well 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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


(Signature)
Accounting Supervisor
(Title)
March 9, 1979
(Date)

OIL CONSERVATION COMMISSION	
APPROVED MAR 12 1979	
Original Signed by FRANK T. CHAVEZ	
BY	
TITLE DEPUTY OIL & GAS INSPECTOR, DIST #3	
This form to be filed in compliance with RULE 1104.	
If this is 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 completed wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name number, or transporter, or other such change of condition.	
Separate Form C-104 must be filed for each pool in multiple completed wells.	