$\underline{\mathsf{C}} \ \underline{\mathsf{O}} \ \underline{\mathsf{R}} \ \underline{\mathsf{R}} \ \underline{\mathsf{E}} \ \underline{\mathsf{C}} \ \underline{\mathsf{T}} \ \underline{\mathsf{E}} \ \underline{\mathsf{D}} \quad \underline{\mathsf{C}} \ \underline{\mathsf{O}} \ \underline{\mathsf{P}} \ \underline{\mathsf{Y}}$ NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.C.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS (3) LAND OFFICE OIL THANSPORTER OPERATOR API 30-039-21958 PROBATION OFFICE Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company Address Suite 501, 18 Reason (a) for filing (Check proper box) 1860 Lincoln Street, Denver, Colorado 80295 Other (Please explain) New Wet Change in Transporter of: To correct items marked with a * for Dry Gas Recompletion 011 Form C-104 submitted on July 2, 1979. Casinghead Gas Change in Ownership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No.: Pool Name, Including Formation Lease No. State, Federal or Fee Federal -080472 Tonkin Location 4 W. Lindrith Gallup/Dakota : 1700 800 Feet From The North Line and Feet From The West AW 3W NMPM,Rio Arriba Range County Township Line of Section 17 24N 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 XX Permian Corporation Name of Authorized Transporter of Casinghead Gas Box 1702, Farmington, New Mexico 87401 (Give address to which approved copy of this form is to be sent) or Dry Gas P. O. Box 990, Farmington, New Mexico 87401 Is gas actually connected? | When El Paso Natural Gas Company Sec. Twp. Rge. Unit If well produces oil or liquids, give location of tanks. 24N 4W No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Workover Plug Back Oll Well Gas Well New Well Deepen Designate Type of Completion - (X) XXP.B.T.D. Date Compl. Ready to Prod. Total Depth 4-14-79 Elevations (DF, RKB, RT, GR, etc.) 7652 7502**'** 6-20-79 KΒ Tubing Depth Name of Producing Formation Top Oli/Gas Pay 6883' GR Dakota & Gallup Oil=7272 & Gas 6339' Depth Casing Shoe Perforations Dakota A 7272-7320' w/l JSPF, Dakota B 7393-7399' w/4 JSPF, Dakota C 7476-7500' w/2 JSPF and Gallup 6339-6510' (23 shots) TUBING, CASING, AND CEMENTING RECORD 7651' KB SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 8-5/8" OD 311' KB 12-1/4" $250 \, \text{cx}$ 5-1/2" OD 7651' KB 7-7/8" 600-sx. (Test must be after recovery of total solume of load oil and must be equal to or exceed top allow-V. TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Bun To Tanks Date of Test 6-20-79 Length of Test 6-20-79 Pumping Choke Size Cosing Presews Tubing Pressure 320# 960# djustabi 24 hrs. Water - Bble. Actual Prod. During Test O11 - Bb!a. 6-20-79 100 GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Casing Pressure (Shat-in) Choke S Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION

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.

J Paglasotti (Signature) erations Information Assistant Operations (Title)

(Date)

July 5, 1979

APPROV	/ED	j	. 917	, 19
		Sign	T	Nerdrick
		SUPER THE HIRE # 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

