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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.K.

I. Operator
ARCO Oil and Gas Company, Division of Atlantic Richfield Company
Address
Suite 501, 1860 Lincoln Street, Denver, Colorado 80295
Reason(s) for filing (Check proper box)
New Well: ☒ Change in Transporter of:
Recompletion: ☐ Oil ☐ Dry Gas ☐
Change in Ownership: ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Effective 4/1/79
Assumed name for formerly
Atlantic Richfield Company

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tonkin	3	West Lindrith Gallup-Dakota	State, Federal or Fee Federal	SP-080472-A
Location: Unit Letter M ; 890 Feet From The South Line and 700 Feet From The West Line of Section 17 Township 24N Range 3W , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	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"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	17	24N	3W	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.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-10-78	4-5-79		7675'		---			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6933' GR; 6947' KB	Dakota A, B, & C Zones		7262'		7211'			
Perforations	Dakota A: 7302-7274' & 7270-7262' w/1 jet shot/ft, 36 holes; Dakota B: 7390-7384' w/4 jet shots/ft, 24 holes; Dakota C: 7492-7468' w/		7634'		Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD / 2 jet shots/ft, 48 holes.					7634'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD 24# K-55		333' RKB		300 sx (Circ. appx. 100 sx cmt.)			
7-7/8"	5-1/2" OD 15.5# & 17# K-55.		7634' RKB		1st stage: 400 sx 2nd stage: 250 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-3-79	4-5-79	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	155#	910#	Adjustable Choke
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
181	181	--	623

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			3
Testing Method (pilot, 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

(Signature)

Operations Information Assistant

(Title)

April 9, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. #3
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.

