

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-110
Effective 1-1-65

B.K.

API #30-039-22035

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Co.	
Address Suite 501, 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:
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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 104	Pool Name, Including Formation Gallup/Dakota, West	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla Cont. #11
Location Unit Letter <u>A</u> ; <u>985</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>24N</u> Range <u>4W</u> , 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 Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8
	Twp. 24N	Rge. 4W
	Is gas actually connected? No	When Approx. 11/15/79

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/11/79	Date Compl. Ready to Prod. 10/9/79	Total Depth 7355'	P.B.T.D. 7160'					
Elevations (DF, RKB, RT, GR, etc.) 6701' GL 6715' KB	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 6025'	Tubing Depth 6976'					
Perforations Gallup 6202 - 6025'; Graneros 6935 - 6944'; Dk. 7131-7081'	Depth Casing Shoe 7355							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8" OD	267	300					
7 7/8"	5 1/2" OD	7355	825 (2 stages)					
	2 3/8" OD	6976						

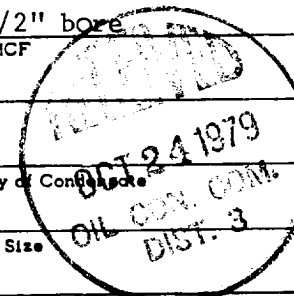
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 10/5/79	Date of Test 10/9/79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 90#	Casing Pressure 100#	Choke Size 1 1/2" bore
Actual Prod. During Test 95	Oil-Bbls. 70	Water-Bbls. 25	Gas-MCF 86

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.

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	Original Signature of Operator
TITLE	SUPERVISOR

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.

B. R. Still

(Signature)

Operations Information Assistant

(Title)

October 19, 1979

(Date)