

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

API # 30-039-22036

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company	
Address P.O. Box 5540, Denver, Colorado 80217	
Reason(s) for filing (Check proper box)	
New Well <input 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"/>
Other (Please explain) LINE CONNECTION	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla H	Well No. 106	Pool Name, including Formation West Lindrith - Gallup/Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla Contr. #111
Location				
Unit Letter K	2130	Feet From The South	Line and 2000	Feet From The West
Line of Section 8	Township 24N	Range 4W	, 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 Oil 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			P.O. Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 8	Twp. 24N	Rge. 4W	Is gas actually connected? YES	When JUNE 19, 1980

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-26-80		Date Compl. Ready to Prod. 5-12-80		Total Depth 7270'		P.B.T.D. 7180'			
Elevations (DF, RKB, RT, GR, etc.) 6685'GL; 6698'DF; 6699'KB		Name of Producing Formation Gallup/Dakota		Top Oil/Gas Pay 5952'		Tubing Depth 7014'			
Perforations Dakota 7051'-7112' and Gallup 5952'-6147'						Depth Casing Shoe 7265'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		324'		300 SXS			
7-7/8"		5-1/2"		7265'		700 SXS			
		2-3/8"		7014'					

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.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Gravity of Condensate	
				Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUN 30 1980	
K.L. Flinn (Signature)		BY Original Signed by FRANK T. CHAVEZ	
Operations Information Assistant (Title)		SUPERVISOR DISTRICT	
June 24, 1980 (Date)		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.	