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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 30-039-22104

I. Operator
ARCO Oil & Gas Company, Division of Atlantic Richfield Company

Address
Suite 501 Lincoln Tower Bldg., 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 108	Pool Name, Including Formation West Lindrith-Gallup/Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla Contract #111
Location Unit Letter K ; 2150' Feet From The South Line and 1600' Feet From The West Line of Section 7 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 7	Twp. 24N	Rge. 4W
	Is gas actually connected?		When	
	No		Line connected	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-3-79	Date Compl. Ready to Prod. 11-24-79		Total Depth 7326'		P.B.T.D. 7278'			
Elevations (DF, RKE, RT, GR, etc.) 6756' KB 6742' GL	Name of Producing Formation Gallup/Dakota		Top Oil/Gas Pay 5967'		Tubing Depth 6998'			
Perforations Gallup 5967' - 6171' ; Dakota 7062' - 7122'					Depth Casing Shoe 7319'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		323'		300 sxs			
7-7/8"	5-1/2"		7319'		650 sxs			
	2-3/8"		6998'					

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 11-25-79	Date of Test 11-24-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure 185#	Casing Pressure 920#	Choke Size 3/4"
Actual Prod. During Test 222	Oil-Bbls. 120	Water-Bbls. 102	Gas-MCF 316

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.

K. L. Flinn
K. L. Flinn (Signature)

Operations Information Assistant
(Title)

12-4-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 10 1979, 19
Original Signed by DEPUTY OIL & GAS
BY
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.