

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-111
Effective 1-1-65

API # 30-039-22104

I. 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) Other (Please explain)

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"/>

Casinghead gas connection

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. Contr. #1
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"/>	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 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 K	Sec. 7	Twp. 24N	Rge. 4W	Is gas actually connected? YES	When March 27, 1980

If this production is commingled with that from any other lease or pool, give commingling order number:

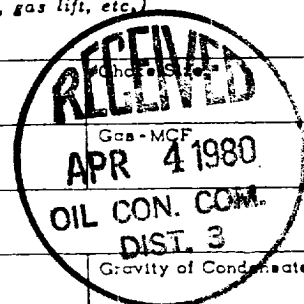
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <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, RKB, 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'		300sxs			
7-7/8"	5-1/2"		7319'		650sxs			
	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	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 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)
March 31, 1980 (Date)

OIL CONSERVATION COMMISSION
APPROVED APR 4 1980, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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 completed wells.