

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	ARCO OIL AND GAS COMPANY, DIV. OF ATLANTIC RICHFIELD CO.	Well API No.	3003922112
Address	1816 E. MOJAVE, FARMINGTON, NEW MEXICO 87401		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
		EFFECTIVE 10/01/90	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	JICARILLA H	Well No.	109	Pool Name, including Formation	W. LINDRITH GAL OK	Kind of Lease	State, Federal or Fee	Lease No.	CONTRACT 111
Location	Unit Letter C : 750 Feet From The NORTH Line and 2100 Feet From The WEST Line								
	Section 5	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"/> MERIDIAN OIL COMPANY	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	P O BOX 4289 FARMINGTON, NM 87401	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	P O BOX 4990, FARMINGTON, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 24N	Rge. 4W	Is gas actually connected? YES	When ?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature PAUL TUCKER PROD SUPERVISOR

Printed Name Title

Date OCTOBER 3, 1990 Telephone No. (505) 325-7527

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 03 1990

By SUPERVISOR DISTRICT 13

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.