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	GAS	
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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 #30-039-22136

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company	
Address Suite 501, 1860 Lincoln Street, Denver, Colorado 80295	
Reason(s) 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 Chacon Hill	Well No. 2	Pool Name, Including Formation Chadron Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-079456
Location Unit Letter G ; 1850 Feet From The North Line and 1850 Feet From The East Line of Section 20 Township 24N Range 3W , NMFM, 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			
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 Company P.O. Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 20	Twp. 24N	Rge. 3W
	Is gas actually connected?		When Approx. 11-15-79	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 9-14-79	Date Compl. Ready to Prod. 10-15-79		Total Depth 7610'		P.B.T.D. 7566'			
Elevations (DF, RKB, RT, GR, etc.) 6902' GL; 6916' KB	Name of Producing Formation Dakota "A" "B" "C"		Top Oil/Gas Pay 7187'		Tubing Depth 7128'			
Perforations Dakota "A" 7187'-7195' & 7199'-7231'; "B" 7305'-7312'; "C" 7395'-7402'	7407'-7413'		Depth Casing Shoe 7608'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		293'		300 sxs.			
7-7/8"	5-1/2"		7608'		815 sxs. (2 stage)			
	2-3/8"		7128'					

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 10-15-79	Date of Test 10-15-79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 4 hours	Tubing Pressure 375#	Casing Pressure 900#	Choke Size Adjustable
Actual Prod. During Test 440 bbls.	Oil-Bbls. 270	Water-Bbls. 170	Gas-MCF 387

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.

B.R. Still (Signature)
Operations Information Assistant (Title)
10-19-79 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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.