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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

B.K.

I.

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company	
Address Suite 501, 1860 Lincoln Street, Denver, Colorado 80295	
Reasons for filing (Check proper box)	
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 Jicarilla	Well No. 114	Pool Name, including Formation W.Lindrith-Gallup/Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla
Location Unit Letter C : 500 Feet From The North Line and 1650 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 C	Sec. 7
	Twp. 24N	Rge. 4W
	Is gas actually connected? No	
	When Approx 60 days	

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-5-79	Date Compl. Ready to Prod. 1-3-80	Total Depth 7311'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6800' GL, 6813' DF, 6814' KB	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 6236'	Tubing Depth 7116'					
Perforations Gallup 6236'-6288' & 6080'-6181'; Dakota 7149'-7212'			Depth Casing Shoe 7311'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	301'	300 sxs					
7-7/8"	5-1/2"	7311'	650 sxs					

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 12-30-79	Date of Test 1-3-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 140#	Casing Pressure 730#	Choke Size Adjustable
Actual Prod. During Test 106 bbls	Oil-Bbls. 66 bbls	Water-Bbls. 40 bbls	219 MCF

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

(Signature)

Operations Information Assistant

(Title)

1-17-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 28 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.