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| 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-110
Effective 1-1-85

B.K.

API # 30-039-22161

| | |
|--|---|
| 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 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. 116 | Pool Name, including Formation W.Lindrith-Gallup/Dakota | Kind of Lease State, Federal or Fee Indian | Lease No. Jicarilla Contr. #11 |
| Location Unit Letter I ; 1980 Feet From The South Line and 950 Feet From The East 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 Oil 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 I | Sec. 7 |
| | Twp. 24N | Rge. 4W |
| | Is gas actually connected? No | |
| | When Line connected | |

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 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 11-21-79 | Date Compl. Ready to Prod. 2-29-80 | Total Depth 7317' | | P.B.T.D. 7274' | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 6720'GL; 6733'DF; 6734'KB | Name of Producing Formation Gallup/Dakota | | Top Oil/Gas Pay 5987' | | Tubing Depth 7045' | | | |
| Perforations Dakota 7159'-7096'; Gallup 6190'-6136' & 5987'-6084' | | | | | Depth Casing Shoe 7316' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12-1/4" | CASING & TUBING SIZE 8-5/8" | | DEPTH SET 305' | | SACKS CEMENT 300 SXS | | | |
| 7-7/8" | 5-1/2" | | 7316' | | 650 SXS | | | |
| | 2-3/8" | | 7045' | | | | | |

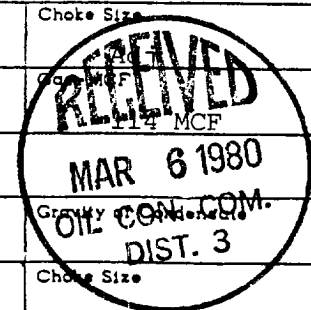
VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 2-21-80 | Date of Test 2-29-80 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure 140# | Casing Pressure 140# | Choke Size 1 1/4" MCF |
| Actual Prod. During Test 80 bbls | Oil-Bbls. 30 bbls | Water-Bbls. 50 bbls | |

GAS WELL

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



II. 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)

3-4-80

(Date)

OIL CONSERVATION COMMISSION

MAR 1 8 1980

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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.