

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-111
Effective 1-1-63

B.R.

API # 30-039-22162

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"/>
LINE CONNECTION	

If change of ownership give name and address of previous owner -----

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. Pool Name, Including Formation 113 W. Lindrith - Gallup/Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla Contr. #11
Location Unit Letter C : 950 Feet From The North Line and 1775 Feet From The West Line of Section 8 Township 24N Range 4W, NMPM, Rio Arriba County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Oil Corporation	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"/>	Address (Give address to which approved copy of this form is to be sent)
E1 Paso Natural Gas	P.O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 8 24N 4W	Yes August 29, 1980

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

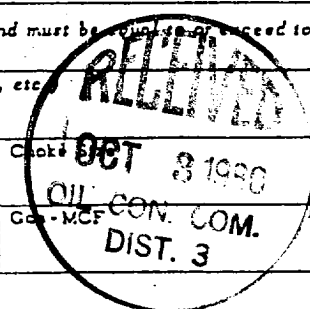
COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 12/26/79	Date Compl. Ready to Prod. 3/20/80	Total Depth 7337'	P.B.T.D. 7286'					
Elevations (DF, RKB, RT, GR, etc.) 6705'GL;6718'DF;6719'KB	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 6022'	Tubing Depth 7089'					
Perforations Dakota 7116 - 7182'; Gallup 6179 - 6234' & 6022 - 6124'			Depth Casing Shoe 7335'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	327'	300					
7-7/8	5-1/2"	7335'	675					
	2-3/8"	7089'						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be run at least 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	Choke
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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
October 1, 1980 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1980, 19
Original Signed by CHARLES GHOLSON
BY _____

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 filled for each pool in multiple completed wells.