

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

REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-107 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BK

API# 30-039-22257

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: Change in Transporter of: Oil Dry Gas Line Connection

Recompletion Casinghead Gas Condensate

Change in Ownership

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No.: Pool Name, including Formation 115 W Lindrith-Gallup/Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla cont #111
Location Unit Letter <u>1</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>			
Line of Section <u>8</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County			

I. 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: <u>1</u> Sec: <u>8</u> Twp: <u>24N</u> Rge: <u>4W</u>	Is gas actually connected? <u>Yes</u> When: <u>October 3, 1980</u>

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

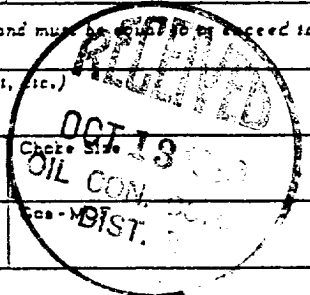
II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 3-24-80	Date Compl. Ready to Prod. 6-17-80	Total Depth 7344'	P.B.T.D. 7304'					
Elevations (DF, RKB, RT, GR, etc.) 6719'KB, 6718'DF, 6705'	Name of Producing Formation GL Gallup/Dakota	Top Oil/Gas Pay 5986'	Tubing Depth 7021'					
Perforations Dakota 7054' - 7108', Gallup 6131' - 6174' & 5986' - 6077'							Depth Casing Shoe 7343'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	325'	300sx					
7-7/8"	5-1/2"	7343'	500sx					
	2-3/8"	7021'						

III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be sufficient to exceed 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

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

IV. 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)
10-10-80 (Date)

OIL CONSERVATION COMMISSION

OCT 13 1980

APPROVED _____, 19____
BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviated 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 name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiphase completed wells.