

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Expires 06-01-83
Page 1

JUN 05 1986
OIL CON. DIV.
DIST. 3

API #30-039-23720

I. Operator
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

Address
P. O. Box 1610, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO Leeson	Well No. 1	Pool Name, including Formation West Lindrith-Gallup/Dakota	Kind of Lease State, Federal or Fee FEE	Lease No. FEE
Location Unit Letter <u>K</u> : <u>1740</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>25N</u> Range <u>3W</u> , 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 1183, Houston, Texas 77001	
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>K</u>	Sec. <u>27</u>
	Twp. <u>25N</u>	Rge. <u>3W</u>
	Is gas actually connected? <u>NO</u>	When <u>6/9/86</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Kris Fuhr
Kris Fuhr (Signature)
Production Supervisor (Title)
June 5, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

JUN 05 1986
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 filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/22/85	Date Compl. Ready to Prod. 8/29/85		Total Depth 8256'		P.B.T.D. 8169'				
Elevations (DF, RKB, RT, CR, etc.) 7210' GL 7224' KB	Name of Producing Formation Gallup/Dakota		Top Oil/Gas Pay 6910'		Tubing Depth 6877'				
Perforations 6910'-7032'; 7080'-7194'; 8008'-8034'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		501'		265 sx				
8-3/4"	5-1/2"		8255'		2475 sx - 3 stage				
	2-3/8"		6877'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 8/29/85	Date of Test 8/29/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 10-1/2 hrs	Tubing Pressure 75	Casing Pressure 525	Choke Size Adj. 3/4"
Actual Prod. During Test 247 Bbls	Oil - Bbls. 184	Water - Bbls. 63	Gas - MCF 191

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