

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
USAGE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Arco Production Company

Address  
501 Airport Dr., Farmington, N.M. 87401

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 or name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache 102	Well No. 10E	Pool Name, Including Formation BS Mesa Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla Apache 102
Location Unit Letter <u>K</u> ; <u>1700</u> Feet From The <u>South</u> Line and <u>1530</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>26N</u> Range <u>4W</u> , N.M.P.M., <u>Rio Arriba</u> County				

III. 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)
Plateau Incorporated	P. O. Box 26251, Albuquerque, NM 87125
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>4</u> Twp. <u>26N</u> Rge. <u>4W</u>
Is gas actually connected?	When
	No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 7/28/80	Date Compl. Ready to Prod. 9/29/80 3-21-81	Total Depth 8410'	P.B.T.D. 8364'					
Elevations (DF, R&B, RT, CR, etc.) 7196' GL	Name of Producing Formation BS Mesa Gallup	Top Oil/Gas Pay 7308'	Tubing Depth 8294'					
Perforations 7308'-7342', 7375'-7382', 7460-7500', 7544'-7574', 7664'-7676'							Depth Casing Shoes 8410'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	9 5/8"		323'			315 sx		
8 3/4"	7"		4250'			720 sx		
6 1/4"	4 1/2"		8410'			725 sx		
	2 3/8"		8294'					

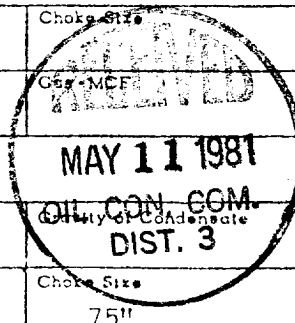
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Choke Size

GAS WELL

Actual Prod. Test-MCF/D 345	Length of Test 3 hrs	lbbs. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 612 PSIG	Casing Pressure (Shut-in) 700 PSIG	Choke Size .75"



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 above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION  
MAY 11 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

Original Signed By  
E. E. SVOBODA  
(Signature)

District Administrative Supervisor

(Title)  
MAY 8 1981  
(Date)

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.  
Form C-104 must be filed for each pool in multiply completed wells.