

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-11  
Effective 1-1-85

API #30-045-25853

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company		<b>RECEIVED</b> APR 05 1984 OIL CON. DIV. DIST. 3
Address P.O. Box 5540, Denver, Colorado 80217		
Reason(s) for filing (Check proper box) 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"/>		
Other (Please explain)		
If change of ownership give name and address of previous owner		

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Crow Mesa	Well No. 1	Pool Name, Including Formation Gallup	Kind of Lease State, Federal or Fee Federal
Lease No. SF-078482			
Location Unit Letter <u>D</u> ; <u>800</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>25N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> ---		Address (Give address to which approved copy of this form is to be sent) ---	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>23</u>	Twp. <u>25N</u>
		Pge. <u>8W</u>	Is gas actually connected? ---
			When ---
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 checked="" 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 1-5-84	Date Compl. Ready to Prod. 3-28-84	Total Depth 7110'	P.B.T.D. <u>7050'</u> <u>6170'</u> <u>61BP</u>
Elevations (DF, RKB, RT, GR, etc.) 6770'GL 6782'KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5978'	Tubing Depth 5787.65'
Perforations 5978'-6128' & 5800'-5922'			Depth Casing Shoe 7105'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#	576'	400 sx
7-7/8"	5-1/2" 17#	7105'	2170 sx 2 stage
	2-3/8"	5787.65'	

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 3-1-84	Date of Test 3-28-84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 8 hours	Tubing Pressure 25	Casing Pressure 375	Choke Size ---
Actual Prod. During Test 276	Oil - Bbls. 90	Water - Bbls. 186	Gas - MCF TSTM

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>APR 16 1984</u> , 19	
BY <u>K.L. Flinn</u> (Signature)		BY <u>Original Signed by FRANK E. CHAVEZ</u>	
Operations Information Assistant (Title)		TITLE <u>SUPERVISOR DISTRICT # 3</u>	
April 3, 1984 (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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	