

TIGHT HOLE

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-110  
Effective 1-1-65

CONFIDENTIAL

until 8-22-85

API #30-045-26276

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 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 give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Allotted Com	Well No. 1E	Pool Name, Including Formation Basin Dakota-Dakota "B"	Kind of Lease State, Federal or Fee Indian 14	Lease No. 20-603-1343
Location Unit Letter I 1620 Feet From The South Line and 860 Feet From The East Line of Section 24 Township 25N Range 10W, NMFM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NA	NA
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)
Gas Company of New Mexico	P.O. Box 26400, Albuquerque, New Mexico 87125
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	NO
	Pipeline laid

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 4-1-85	Date Compl. Ready to Prod. 5-22-85	Total Depth 6700'	P.B.T.D. 6490' GIBP					
Elevations (DF, RKB, RT, GR, etc.) 6709'GL; 6722'KB	Name of Producing Formation Dakota "B"	Top Oil/Gas Pay 6410'	Tubing Depth 6411'					
Perforations 6510'-6560' - 6580'-GIBP 6410'-6446'		Depth Casing Shoe 6700'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	406'		280 sx				
7-7/8"	5-1/2"	6700'		2060 sx - 2 stage				
	2-3/8"	6411'						

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.)	
	NA		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	NA		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	NA		

GAS WELL

Actual Prod. Test-MCF/D 3163	Length of Test 3 hrs	Bbls. Condensate/MMCF NA	Gravity of Condensate NA
Testing Method (pitot, back pr.) pitot	Tubing Pressure (shut-in) 1377	Casing Pressure (shut-in) 1382	Choke Size 3/4"

VI. 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  
Operations Information Assistant  
May 28, 1985

OIL CONSERVATION COMMISSION  
6-12-85  
APPROVED JUN 12 1985  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 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.