

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

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

API# 30-045-24215

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		

DESCRIPTION OF WELL AND LEASE

Lease Name Krause WN Federal	Well No. 6E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF078863
Location Unit Letter J ; 1520 Feet From The South Line and 1520 Feet From The East Line of Section 29 Township 28N Range 11W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1526, Salt Lake City, Utah 84110	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29
	Twp. 28N	Rge. 11W
	Is gas actually connected? NO	When LINE CONNECTED

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

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 5-12-80	Date Compl. Ready to Prod. 7-15-80		Total Depth 6340'		P.B.T.D. 6300'				
Elevations (DF, RKB, RT, CR, etc.) 5772'GL; 5785'DF; 5786'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6132'		Tubing Depth 6126'				
Perforations Dakota 6218'-6247'; Graneros 6132'-6166'				Depth Casing Shoe 6331'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		742'		550 sxs				
7-7/8"	4-1/2"		6331'		1350 sxs (2 stage)				
	2-3/8"		6126'						

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.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1293	Length of Test 24 hrs	Bbls. Condensate/MMCF 96	Gravity of Condensate 48.1° API @ 60° F
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure 221#	Casing Pressure 425#	Choke Size 48/64"

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  
July 17, 1980

OIL CONSERVATION COMMISSION

APPROVED JUL 24 1980  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT

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.