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| FILE                   |            |
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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>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-105  
Effective 1-1-65

|  |   |
|--|---|
| Operator<br>ARCO Oil and Gas Company, Division of Atlantic Richfield Company |   |
| Address<br>1860 Lincoln St., Suite 501, Denver, Colorado 80295               |   |
| Reason(s) for filing (Check proper box)                                      | Other (Please explain) Effective 4/1/79                                     |
| New Well <input 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"/> |
| Assumed name for formerly Atlantic Richfield Company.                        |   |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                     |
|---|---------------|--|--|---------------------|
| Lease Name<br>Wood WN Fed. Com.   | Well No.<br>1 | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee Fed. SF | Lease No.<br>078266 |
| Location<br>Unit Letter B ; 1100 Feet From The North Line and 1450 Feet From The East |               |  |  |                     |
| Line of Section 21 Township 29N Range 10W, NMPM, San Juan 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) |            |             |             |                                   |                  |
| The Permian Corporation Permian (EN. 9 / 1 / 87)   | Box 3119, Midland, TX 79701  |            |             |             |                                   |                  |
| 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) |            |             |             |                                   |                  |
| EI Paso Natural Gas Company  | Box 990, Farmington, New Mexico 87401                                    |            |             |             |                                   |                  |
| If well produces oil or liquids, give location of tanks.   | Unit<br>B  | Sec.<br>21 | Twp.<br>29N | Rge.<br>10W | Is gas actually connected?<br>Yes | When<br>10-18-68 |

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. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |              |
| Perforations                         |                             |          |                 |          | Depth Casing Shoe |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

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)

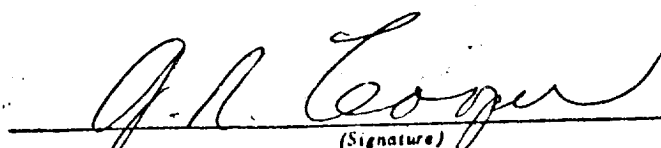
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

  
(Signature)

Accounting Supervisor

(Title)

March 9, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1979, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR 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 completed 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 Form C-104 must be filed for each pool in multiple completed wells.