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

RECEIVED MAY 21 1982 OIL CON. COM. DIST. 3

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)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:

- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [X]
- Condensate [ ]

Other (Please explain): G N M

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
State "E" Com	1E	Basin Dakota - Dakota	State	E-6515

Location: Unit Letter A ; 800 Feet From The North Line and 800 Feet From The East

Line of Section 16 Township 29N Range 10W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	501 Airport Dr., Ste 151, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co	P.O. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	16	29N	10W	NO	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.

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

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
(Signature)

K.L. Flinn
Operations Information Assistant
(Title)

May 19, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 21 1982, 19 _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi completed wells.