

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-83

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	

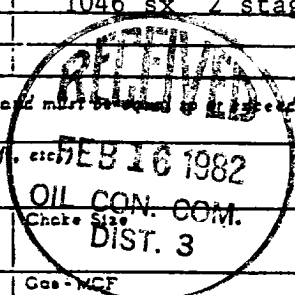
DESCRIPTION OF WELL AND LEASE			
Lease Name State "E" Com	Well No. 1E	Pool Name, including Formation Basin Dakota - Dakota	Kind of Lease State, Federal or Fee State
Lease No. E-6515			
Location			
Unit Letter A : 800 Feet From The North Line and 800 Feet From The East			
Line of Section 16 Township 29N Range 10W, NMPM, San Juan County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Plateau, Inc.			501 Airport Dr., Ste. 151, Farmington, New Mexico 87401		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Gas Company of New Mexico - EPG			P.O. Box 3308, Albuquerque, New Mexico 87190		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 16	Twp. 29N	Rge. 10W	Is gas actually connected? When 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	Some Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 12-18-81	Date Compl. Ready to Prod. 2-8-82	Total Depth 6732'		P.B.T.D. 6687'				
Elevations (DF, RKB, RT, CR, etc.) 5702' GL; 5712' DF; 5714' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6522'		Tubing Depth 6498'				
Perforations Dakota 6522' - 6637' (OA)				Depth Casing Shoe 6732'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	412'		300 sx				
7-7/8"	4-1/2"	6732'		1046 sx 2 stage				
	2 3/8	6498'						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be held at least 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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF



GAS WELL			
Actual Prod. Test-MCF/D 1089	Length of Test 3 hours	Bbls. Condensate/MMCF 4 ESTIMATED	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1588# 9 day	Casing Pressure (Shut-in) 1601# 9 day	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 (Signature) Operations Information Assistant (Title) February 11, 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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a well on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of co Separate Forms C-104 must be filed for each pool in completed wells.	