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| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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-110
Effective 1-1-85

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| 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 <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"/> |
| Other (Please explain) | |
| If change of ownership give name and address of previous owner | |

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|----------------------------------|-----------------|---|--|-----------------------|
| I. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name State "B" 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 E | 1800 | Feet From The North | Line and 1180 | Feet From The West |
| Line of Section 16 | Township 29N | Range 10W | NMPM, San Juan | County |

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| II. 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) | | |
| Plateau, Inc. | | 501 Airport Dr, Ste 151, Farmington, New Mexico | | |
| Name of Authorized Transporter of Casinghead Gas <input 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 | | P.O. Box 3308, Albuquerque, New Mexico 87190 | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 16 | Twp. 29N | Rge. 10W |
| | | | Is gas actually connected? NO | When LINE CONNECTED |

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| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | |
| III. COMPLETION DATA | | | | |
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover |
| | | X | X | |
| Date Spudded 12-17-81 | Date Compl. Ready to Prod. 2-1-82 | Total Depth 6792' | P.B.T.D. 6742' | |
| Elevations (DF, RKB, RT, GR, etc.) 5748'GL; 5758'KB; 5760'DF | Name of Producing Formation Dakota | Top Oil/Gas Pay 6548' | Tubing Depth 6499' | |
| Perforations Dakota 6548'-65'; 6615'-20'; 6627'-30' | | | Depth Casing Shoe 6786' | |
| TUBING, CASING, AND CEMENTING RECORD | | | | |
| HOLE SIZE 12-1/4" | CASING & TUBING SIZE 8-5/8" | DEPTH SET 425' | SACKS CEMENT 300 sx | |
| 7-7/8" | 4-1/2" | 6786' | 1286 sx 2 stage | |

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| IV. 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 |

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| GAS WELL | | | |
| Actual Prod. Test - MCF/D 320 | Length of Test 3 hours | Bbls. Condensate/MMCF 7 | Gravity of Condensate 62.8 |
| Testing Method (pilot, back pr.) Back pressure | Tubing Pressure (Shut-in) 235# 30 minutes | Casing Pressure (Shut-in) 364# 30 minutes | Choke Size 48/64" |

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| V. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED _____, 19__ | |
| K. L. Flinn (Signature) | | BY Original Signed by FRANK T. CHAVEZ | |
| Operations Information Assistant (Title) | | SUPERVISOR DISTRICT # 3 | |
| February 3, 1982 (Date) | | TITLE _____ | |
| | | 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 | |