

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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-110  
Effective 1-1-65

API #30-045-25719

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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
ARCO State	102	Undesignated Gallup	State, Federal or Fee State	E-7122
Location				
Unit Letter	D	820	Feet From The North Line and	656 Feet From The West
Line of Section	36	Township	29N	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	Box 489, Bloomfield, New Mexico 87413					
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)					
El Paso Natural Gas	Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	36	29N	11W	NO	---

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-6-83	9-2-83		6010'		5962'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5676'GL 5692'KB	Gallup		5390'		5277'			
Perforations					Depth Casing Shoe			
Gallup 5390' - 5738' & 5770' - 5918'					6003'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	543'	365 sx
7-7/8"	4-1/2"	6003'	540 sx
-----	2-3/8"	5377'	-----

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.)	
Flow to pit 8-29-83	9-7-83	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	510	260	3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
10.4 Bbl liquid; 398 MCF	7.4	3	398

GAS WELL

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

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.

OPERATIONS DIV.  
DIST. 3

K.L. Flinn

(Signature)

Operations Information Assistant

(Title)

10-12-83

(Date)

OIL CONSERVATION COMMISSION

OCT 14 1983

APPROVED \_\_\_\_\_, 19

Original Signed by FRANK T. CHAVEZ

BY

TITLE SUPERVISOR DISTRICT # 2

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 filled for each pool in multiply completed wells.