

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

3141/W

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

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"/>	
Recompletion: <input type="checkbox"/>	
Change in Ownership: <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 ARCO State	Well No. 102	Pool Name, Appraising Formation Undesignated Gallup	Kind of Lease State, Federal or Fee State	Lease No. E-7122
Location Unit Letter <u>D</u> : <u>820</u> Feet From The <u>North</u> Line and <u>656</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-6-83	Date Compl. Ready to Prod. 9-2-83	Total Depth 6010'	P.B.T.D. 5962'					
Elevations (DF, RKB, RT, GR, etc.) 5676'GL 5692'KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5390'	Tubing Depth 5277'					
Perforations Gallup 5390' - 5738' & 5770' - 5918'						Depth Casing Shoe 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 Flow to pit 8-29-83	Date of Test 9-7-83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 510	Casing Pressure 260	Choke Size 3/4"
Actual Prod. During Test 10.4 Bbl liquid; 398 MCF	Oil-Bbls. 7.4	Water-Bbls. 3	Gas-MCF 398

GAS WELL

Actual Prod. Test-MCF/D -----	Length of Test -----	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, 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.

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 # ?

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.