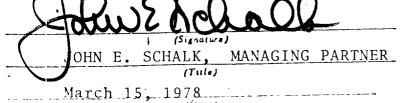
DISTRIBUTION		ONSERVATION COMMISSION FOR ALLOWABLE	Poim C-104 Supersedes Old C-10s and C-11s
FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  2		AND NSPORT OIL AND NATURAL G	Effective 1-1-65
PROPATION OFFICE  Operator  ARAPAHOE DRIL	LING COMPANY	• • • • • • • • • • • • • • • • • • •	
P.O. BOX 2668	7 / ALBUQUERQUE, NEW	MEXICO 87125	•
Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership XX	Change in Transporter of:  Cil Dry Gas  Casinghead Gas Conden	751 .	
If change of ownership give name and address of previous owner	Coastline Petroleum	Co., Inc. / One Green	wich Plaza, Greenwich Conn 0683
DESCRIPTION OF WELL AND I	Well No. BASIN DAKOTA	GALLUP Kind of Lease State, Federal	i = 1
ł	0 Feet From The N Line	e and 800 Feet From T	heE
Line of Section 26 Tow	mship 32 N Range	8 W , NMPM, Sai	n Juan County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent;
Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)
Northwest Pipeline If well produces oil or liquids, give location of tanks.	Corporation Unit Sec. Twp. P.ge.	P.O. Box 1526, Salt I	
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
Designate Type of Completio	n — (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res'v.
Date Spudded 8/2/73	Date Compl. Ready to Prod.	Total Depth 8408	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 6793	Name of Producing Formation  Dakota & Gallup	Top Oil/Gas Pay 8408	Tubing Depth 8428
Perforctions GALLUP: 7545		605'	Depth Casing Shoo 8446
	TUBING, CASING, AND	CEMENTING RECORD 8334	'-8344'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 350
17-1/4	13-3/8	8446	1170
7 - 7/8	2-3/8	8440	11/
TEST DATA AND REQUEST FO	DR ALLOWABLE (Test most be af able for this de	l ter recovery of socal volume of load oil a pih or be for full 24 hours)	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	i, etc.)
Length of Teet	Tubing Pressure	Cosing Pressure	Choke Size
Actual Pred, During Test	Oil-Bbis.	Water - Bbis.	Gcs-MCF
GAS YELL			

Gravity of Condensate Bble. Condensate/MMCF Length of Test Actual Prod. Tost-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Teeting Method (pitot, back pr.) OIL CONSERVATION COMMISSION I. 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.



APPROVED

By Original Signed by A. R. Kendrich HIGH. 43 TITLE \_\_

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

If this is a request for silowable for a newly drilled or despended 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