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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

B.K.

API #30-039-22092

I. Operator
 ARCO Oil and Gas Company, Division of Atlantic Richfield Co.
 Address: Suite 501, 1860 Lincoln Street, Denver, Colorado 80295
 Reason(s) for filing (Check proper box):
 New Well: Change in Transporter of:
 Recompletion: Oil Dry Gas
 Change in Ownership: Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 107	Pool Name (Including Formation) Gallup/Dakota, West	Kind of Lease State, Federal or Fee Indian	Jicarilla Cont. #111
Location Unit Letter <u>A</u> ; <u>500</u> Feet From The <u>North</u> Line and <u>450</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>7</u> Twp. <u>24N</u> Rge. <u>4W</u>	Is gas actually connected? No	When Approx. 11-15-79		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/27/79	Date Compl. Ready to Prod. 10/17/79	Total Depth 7370		P.B.T.D. --				
Elevations (DF, RKB, RT, GR, etc.) 6750' GL, 6764' KB	Name of Producing Formation Gallup/Dakota	Top Oil/Gas Pay 6054		Tubing Depth 7114				
Perforations Dakota 7214 - 7152 Gallup 6269 - 6054			Depth Casing Shoe 7369'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 OD		300 sx
7 7/8	5 1/2 OD	7369	825 sx (2 stages)
	2 3/8 OD	7114	

V. 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 10/17/79	Date of Test 10/17/79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 100#	Casing Pressure 750#	Choke Size Adjustable
Actual Prod. During Test 131	Oil-Bbls. 66	Water-Bbls. 65	Gas-MCF 123

GAS WELL

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

VI. 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.

B. R. Still
 (Signature)
 Operations Information Assistant
 (Title)
 October 19, 1979
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 Original Signed by A. A. Zandbergen
 BY _____
 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 completed wells.