DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
THANSPORTER OIL GAS / OPERATOR 7 PRORATION OFFICE Operator			·
ARCO Oil and Gas Com	pany, Division of Atlant	ic Richfield Company	
1860 Lincoln St., Su	ite 501, Denver, Colorado	o 80295	
Reason(s) for filing (Check proper b	Ox) Change in Transporter of:	Change in Transporter of: Other (Please explain) Effective 4/1/79	
Recompletion Change in Ownership		Dry Gas Assumed name for formerly Atlantic Richfield Company.	
If change of ownership give name and address of previous owner	•		
I. DESCRIPTION OF WELL AN	D LEASE		
Graham WN Fed.	Nell No. Pool Name, Including 1-24 Ballard Pictu	1	2000
Unit Letter C; 7	90 Feet From The North Li	ine and1850 Feet From	n The West
Line of Section 24	Fownship 25N Range	8W , NMPM, S	an Juan county
II. DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G		roved copy of this form is to be sent)
Name of Authorized Transporter of C El Paso Natural Gas	Company	Box 990 Farmington,	roved copy of this form is to be sent) NM 8740] Vhen
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Yes	5-7-57
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	
Designate Type of Comple	tion - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPIN SET	SACKS CEMENT
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of totalwolume of load or depth or be for full 24Nours)	ll and must be equal to or exceed top allo-
OIL WELL. Date First New Cil 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 - Bbis.	Gas-MCF
GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Ehumin)	Choke Size
7. 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.

(Signature)

(Title)

(Date)

Accounting Supervisor

March 9, 1979

MAR 1 2 1979 Original Signed by FRANK T. CHAVEZ APPROVED_

TITLE DEPUTY OIL & GAS INSPECTOR, DIST.

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

If this is a recent for allowable for a newly drilled or despendivell, this form muc be accompanied by a tabulation of the deviation tests taken on the rell in accordance with NULE 111.

All sections withis form must be filled out completely for allowable on new and recompleted wells.

Fill out only Jections I, II, III, and VI for changes of owner well name or numbe, or transporter, or other such change of condition

Separate Form C-104 must be filed for each pool in multiple completed wells.