

U.S.G.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE		API # 30-045-24215		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
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)																	
New Well																	
Recompletion																	
Change in Ownership																	
Change in Transporter of:																	
Oil																	
Dry Gas																	
Casinghead Gas																	
Condensate																	
Other (Please explain)																	
If change of ownership give name and address of previous owner																	
DESCRIPTION OF WELL AND LEASE																	
Lease Name																	
Krause WN Federal																	
Well No. Pool Name, including Formation																	
6E Basin Dakota																	
Kind of Lease																	
State, Federal or Fee Federal																	
Lease No.																	
SF078863																	
Location																	
Unit Letter J ; 1520 Feet From The South Line and 1520 Feet From The East																	
Line of Section 29 Township 28N Range 11W, NMPM, San Juan County																	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																	
Name of Authorized Transporter of Oil or Condensate																	
Permian Oil Corporation																	
Address (Give address to which approved copy of this form is to be sent)																	
P.O. Box 1702, Farmington, New Mexico 87401																	
Name of Authorized Transporter of Casinghead Gas or Dry Gas																	
El Paso Natural Gas Company																	
Address (Give address to which approved copy of this form is to be sent)																	
P.O. Box 990, Farmington, New Mexico 87401																	
If well produces oil or liquids, give location of tanks.																	
Unit J Sec. 29 Twp. 28N Rge. 11W																	
Is gas actually connected? NO																	
When LINE CONNECTED																	
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 Resrv. Diff. Resrv.																	
Date Spudded 5-12-80																	
Date Compl. Ready to Prod. 7-15-80																	
Total Depth 6340'																	
P.B.T.D. 6300'																	
Elevations (DF, RKB, RT, GR, etc.)																	
5772'GL;5785'DF;5786'KB																	
Name of Producing Formation																	
Dakota																	
Top Oil/Gas Pay 6132'																	
Tubing Depth 6126'																	
Perforations																	
Dakota 6218'-6247' Graneros 6132'-6166'																	
Depth Casing Shoe 6331'																	
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE																	
CASING & TUBING SIZE																	
DEPTH SET																	
SACKS CEMENT																	
12-1/4"																	
8-5/8"																	
742'																	
550 sx																	
7-7/8"																	
4-1/2"																	
6331'																	
1350 sx (2 stage)																	
2-3/8"																	
6126'																	
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.)																	
Length of Test																	
Tubing Pressure																	
Casing Pressure																	
Choke Size																	
Actual Prod. During Test																	
Oil-Bbls.																	
Water-Bbls.																	
Gas-MCF																	
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.																	
K.L. Flinn																	
(Signature)																	
Operations Information Assistant																	
(Title)																	
November 13, 1980																	
(Date)																	
OIL CONSERVATION COMMISSION																	
NOV 20 1980																	
APPROVED																	
BY Original Signed by CHARLES GHOLSON																	
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3																	
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 conditions.																	
Separate Forms C-204 must be filed for each pool in multiple completed wells.																	