

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	
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.R.

Operator Atlantic Richfield Company	
Address 501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Federal	Well No. 7	Pool Name, Including Formation Chacon-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080472-A
Location				
Unit Letter H	1650	Feet From The North	Line and 850	Feet From The East
Line of Section 30	Township 24N	Range 3W	NMPM, Rio Arriba	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 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 H	Sec. 30	Twp. 24N	Rge. 3W	Is gas actually connected? Not as of this date	When --

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
			X					
Date Spudded 10-15-78	Date Compl. Ready to Prod. 11-14-78	Total Depth 7663'	P.B.T.D. 7548'					
Elevations (DF, RKB, RT, GR, etc.) 7098' GR, 7112' RKB	Name of Producing Formation Dakota A & B Zones	Top Oil/Gas Pay 7293'	Tubing Depth 7244'					
Perforations Dakota A 7293-7344' (OA) w/1 jet shot/ft, 37 shots Dakota B 7413-7434' (OA) w/2 jet shots/ft, 38 shots	Depth Casing Shoe 7663'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8" OD 24# K-55	291' RKB	300 sx					
7-7/8"	5-1/2" OD 15.5 & 17# K55	7663' RKB	1st stage: 350 sx 2nd stage: 250 sx					

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 11/11/78	Date of Test 11/14/78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 375#	Casing Pressure 785#	Choke Size Adjustable choke
Actual Prod. During Test 201	Oil-Bbls. 201	Water-Bbls. 172 (Frac)	Gas-MCF 763

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

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)

November 15, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 4 1978, 19

BY Original Signed by Thomas J. Still

TITLE DEPUTY OIL & GAS REPORTER

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.