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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

API #30-039-23838

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company	
Address P.O. Box 5540, Denver, Colorado 80217	
Reasons 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 ARCO Hill	Well No. 1	Pool Name, including Formation W.Lindrith-Gallup/Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. MN04075
Location Unit Letter <u>G</u> <u>1650</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>25N</u> Range <u>3W</u> , 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 1072, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 22
	Twp. 25N	Rge. 3W
	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 8-29-85	Date Compl. Ready to Prod. 1-28-86		Total Depth 8402'		P.B.T.D. 8313'			
Elevations (DF, RAB, RT, GR, etc.) 7333'GL 7347'KB	Name of Producing Formation Gallup/Dakota		Top Oil/Gas Pay 7090'		Tubing Depth 8188'			
Perforations 8156'-8190'; 7250'-7366'; 7090'-7204'					Depth Casing Shoe 8398'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		504'KB		350 sx			
7-7/8"	5-1/2" 17#		8398'KB		2220 sx - 3 stage			
	2-7/8"		8188'KB		--			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of test volume of load oil and must be equal to or exceed top allowable for this depth or be for full depth)

Date First New Oil Run To Tanks 10-30-85	Date of Test 1-28-86	Producing Method Pumping
Length of Test 24 hrs	Tubing Pressure 90	Casing Pressure 106
Actual Prod. During Test 67	Oil - Bbls. 48	Water - Bbls. 19
		Gas - MCF 142

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.

K.L. Flinn
K.L. Flinn (Signature)
Drilling Analyst
February 3, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1986
Original Signed by FRANK T. CHAVEZ
BY SUPERVISOR DISTRICT # 5
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.

