

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3127/N
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APR 07 1986
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

I. Operator
ARCO Oil and Gas Company, Division of Atlantic Richfield Co.

Address
P. O. Box 1610, Midland, TX 79702

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
From existing lease permit
Lease # 2

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco Lease	Well No. #2	Pool Name, including Formation W. Lindrith - Gallup/Dakota	Kind of Lease State, Federal or Fee Federal Fee	Lease No. NM44508
Location Unit Letter <u>E</u> : <u>1855</u> Feet From The <u>North</u> Line and <u>515</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>25N</u> Range <u>3W</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 1072, Farmington, NM 87499				
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 E	Sec. 27	Twp. 25N	Rge. 3W	Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Stephen Rose
(Signature)
Prodn. Supt.
(Title)
4/3/86
(Date)

OIL CONSERVATION DIVISION

APPROVED APR - 7 1986
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #3
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 deviated 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 multiple completed wells.

100-100000

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 11-8-85	Date Compl. Ready to Prod. 1-21-86		Total Depth 8170'		P.B.T.D. 8155'				
Elevations (DF, RKB, RT, CR, etc.) 7303' GL	Name of Producing Formation Gallup - Dakota		Top Oil/Gas Pay 7014'		Tubing Depth 7753'				
Perforations Dakota "C" 8102'-8125'; Dakota "A" 7958'-7972'; Gallup 7014'-7217'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		550'		320 sx				
8-3/4"	5-1/2"		8170'		2406 sx 3-stage				
	2-7/8"		7753'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1-21-86	Date of Test 3-13-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 125	Casing Pressure	Choke Size
Actual Prod. During Test 86	Oil - Bbls. 81	Water - Bbls. 5	Gas - MCF 129

GAS WELL

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