

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
Revised 10-01-78
Format 00-01-03
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Gas ☐ Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	ARCO	Well No.	12	Pool Name, including Formation	W. Lindrith - Gallup/Dakota	Kind of Lease	State, Federal or Fee	Fee	Lease No.	NM44508
Location										
Unit Letter	E	1855	Foot From The	North	Like and	515	Foot From The	West		
Line of Section	27	Township	25N	Range	3W	N.M.P.M.	Rio Arriba	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P. O. Box 1072, Farmington, NM 87499
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: E, Sec: 27, Twp: 25N, Rge: 3W	NO

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

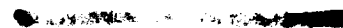
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Signature	Prodn. Supt.
(Title)	
Date	4-15-86

OIL CONSERVATION DIVISION

APPROVED: APR 18 1986
BY: Original Signed by FRANK T. CHAVEZ
TITLE: SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.
Separate Forms must be filed for each pool in multi-completed wells.



IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
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 2-19-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 125	Casing Pressure	Choke Size	
Actual Prod. During Test 155	Oil - Bbls. 145	Water - Bbls. 10	Gas - MCF 225	

GAS WELL

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

RECEIVED
 APR 18 1986
 OIL CON. DIV.
 DIST. 3