

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 05-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PERMATION OFFICE	

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
☐ Gas
☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ARCO</u>	Well No. <u>Gardner</u>	Pool Name, including Formation <u>W. Lindrith - Gallup/Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF-07944</u>
Location Unit Letter <u>P</u> : <u>720</u> Feet From The <u>South</u> Line and <u>930</u> Feet From The <u>East</u>	Line of Section <u>27</u>	Township <u>25N</u>	Range <u>3W</u>	County <u>Rio Arriba</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

W. Jan Hill
(Signature)

Prodn. Supt.
(Title)

4-15-86
(Date)

OIL CONSERVATION DIVISION

APR 16 1986

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____ SUPERVISOR DISTRICT # 3

TITLE _____

This form is required in compliance with RULE 1104.
If this is a recompletion 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 well must be drilled out completely for all able on new and recompleted wells.
Fill out only one form for changes of own well name or number, or transportation or other such change of condition.
Separate Forms C-104 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'v.
Date Spudded 11-23-85	Date Compl. Ready to Prod. 2-18-86		Total Depth 8135'		P.B.T.D. 8100'				
Elevations (DF, RKB, RT, CR, etc.) 7227' GL	Name of Producing Formation Gallup - Dakota		Top Oil/Gas Pay 6956'		Tubing Depth 6955'		Depth Casing Shoe ---		
Perforations Dakota "C" 8024'-8042'; L. Gallup 7120'-7214'; U. Gallup 6956'-7066'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8"		496'		320 sx			
8-3/4"		5-1/2"		8135'		1552 sx 3-stages			
		2-7/8"		6955'					

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 2-18-86		Date of Test 2-21-86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 275	Casing Pressure 275	Choke Size	
Actual Prod. During Test 170	Oil - Bbls. 140	Water - Bbls. 30	Gas - MCF 899	

GAS WELL

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

RECEIVED

APR 18 1986

OIL CON. DIV.)
DIST. 3