

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

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)

If change of ownership give name and address of previous owner  
A. G. Hill (Farm Out), 5000 Thanksgiving Tower, Dallas, Texas 75201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco Hill 23	Well No. 23-2	Pool Name, including Formation W. Lindrith-Gallup/Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. 04075
Location Unit Letter 0 : 925 Feet From The South Line and 2260 Feet From The East Line of Section 23 Township 25N 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 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat'l Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 23 Twp. 25N Rge. 3W	Is gas actually connected? When 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.

*David E. Lane*  
(Signature)  
DRL ANALYST, SUPV  
(Title)  
11-7-86  
(Date)

ACCEPTED FOR RECORD

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_  
BY \_\_\_\_\_ Original Signed by FELIX F. 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 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.

NOV 10 1986

FARMINGTON RESOURCE AREA

NMOCC

#### 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 9-16-86	Date Compl. Ready to Prod. 10-5-86	Total Depth 8162'			P.B.T.D. 8140'				
Elevations (DF, RKB, RT, GR, etc.) 7227' GR, 7240' RKB	Name of Producing Formation Dakota "C"	Top Oil/Gas Pay 8090'			Tubing Depth 8045.6				
Perforations 8090-8115'					Depth Casing Shoe 8159'				
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8", 36#, K-55		768'		415 sx				
8-3/4"	5-1/2", 17#, N-80		8159'		2070 sx				
	2 7/8		8046						

#### 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 11-2-86	Date of Test 11-5-86	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 3 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size NA
Actual Prod. During Test 18.4	Oil-Bbls. 30	Water-Bbls. 117	Gas-MCF TSTM

#### 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