

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Address  
P.O. Box 1610, Midland, Texas 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

II. DESCRIPTION OF WELL AND LEASE  
API # 30-039-24096

Lease Name Tonkin Federal	Well No. 6	Pool Name, including Formation W. Lindrith Gallup/Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF080472
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Location  
Unit Letter A : 1130 Feet From The North Line and 330 Feet From The East  
Line of Section 18 Township 24N 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
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Nat'l Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM
If well produces oil or liquids, give location of tanks. Unit A Sec. 18 Twp. 24N Rge. 3W	Is gas actually connected? No 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.

  
(Signature)  
Drilling Analyst Supv.  
(Title)  
12-30-86  
(Date)

OIL CONSERVATION DIVISION  
JAN 05 1987

APPROVED  
Original Signed by CHARLES GHOLSON  
BY  
DEPUTY OIL & GAS INSPECTOR, DIST. #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 deepen well, this form must be accompanied by a tabulation of the deviate 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 only Sections I, II, III, and VI for changes of own well name or number, or transporter 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 11-18-86	Date Compl. Ready to Prod. 12-30-86	Total Depth 7602'		P.B.T.D. 7540'					
Elevations (DF, RKB, RT, GR, etc.) 6864' GR, 6878.5 RKB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7204'		Tubing Depth 7152'					
Perforations 7204'-7250' - Dakota "A", 7404-7430' - Dakota "C"							Depth Casing Shoe 7582'		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8"		435'		230 sx "B"			
7-7/8"		5-1/2"		7582'		1350 sx			

#### 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 12-21-86	Date of Test 12-28-86	Producing Method (Flow, pump, gas lift, etc.) Swabbing/Flowing	
Length of Test 19 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 822	Water - Bbls. 54.7	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