

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

API # 30-039-24095

Lease Name Tonkin <del>Federal</del>	Well No. 5	Pool Name, including Formation W. Lindrith Gallup/Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 080472-A
Location Unit Letter <u>I</u> : <u>1955'</u> Feet From The <u>South</u> Line and <u>510'</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>24N</u> Range <u>3W</u> , NMPM, 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 Natural Gas	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 : <u>I</u> Sec. : <u>18</u> Twp. : <u>24N</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.

Daniel E. Lowe  
(Signature)  
Dir. of Energy Supv  
(Title)  
12/29/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 5, 1987  
Original Signed by CHARLES GHOLSON  
BY  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

#### 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 10/27/86	Date Compl. Ready to Prod. 12-22-86	Total Depth 7630'			P.B.T.D. 7620'				
Elevations (DF, RKB, RT, GR, etc.) 6940' GR, 6954.5' KB	Name of Producing Formation Dakota "A" and "C"	Top Oil/Gas Pay 7280'			Tubing Depth 7241'				
Perforations 7280' - 7320', 7484'-7510'					Depth Casing Shoe 7630'				
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	9 5/8		530		3005X "H" w/2% CaCl <sub>2</sub>				
7 7/8	5 1/2		7630		1 <sup>st</sup> stage = 8155X(1247cu)				
	2 3/8		7241		2 <sup>nd</sup> stage = 9005X(1840cu)				
					TOC @ 1150				

#### 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 12-19-86	Date of Test 12-22-86	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 6 1/2 hrs	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test	Oil - Bbls. 87.5 - 23.7	Water - Bbls. 35.6	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