REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE		
TRANSPORTER OIL	1	
GAS		
OPERATOR	1	
PRORATION OFFICE		

I.

Operator

Atlantic Richfield Company

Address

501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80203

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)* **East Bisti Unit not terminated 11/1/71. Current estimate 12/1/71. Filed to correct eff. date of Atlantic becoming operator 12/1/71. RE: Fm C-104, dated 10/21/71, Approved 10/26/71**

If change of ownership give name and address of previous owner **Skelly Oil Company, Box 1630, Tulsa, Oklahoma 74102**

II. DESCRIPTION OF WELL AND LEASE **Formerly: East Bisti Unit, Well #14**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease **Federal**	Lease No.
Ki-Yah-De-Tah	**1**	**Bisti, Lower Gallup**	State, Federal or Fee **Con.#14-20-603-1382**	

Location

Unit Letter **E** ; **2110** Feet From The **North** Line and **330'** Feet From The **West**

Line of Section **24** Township **25 North** Range **11 East** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

The Permian Corporation

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Address *(Give address to which approved copy of this form is to be sent)*

Box 1183, Houston, Texas

Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	**23**	**25N**	**11E**		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

M. E. Brown (Signature)

M. E. Brown

Drilling Clerk

(Title)

November 4, 1971

(Date)

OIL CONSERVATION COMMISSION

NOV 4 1971

APPROVED _____ 19 __

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR 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.