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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**Atlantic Richfield Company**  
Address  
**501 Lincoln Tower Bldg., 1860 Lincoln Street, Denver, Colorado 80295**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well: ☒ Change in Transporter of:  
Recompletion: ☐ Oil ☐ Dry Gas ☐  
Change in Ownership: ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: ----

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Graham "C" WN Federal Com.</b>	<b>1-A</b>	<b>Largo Chacra</b>	State, Federal or Fee <b>Federal</b>	<b>NM-05791</b>
Location				
Unit Letter	<b>0</b>	<b>1050</b> Feet From The <b>South</b> Line and <b>1600</b> Feet From The <b>East</b>		
Line of Section	<b>9</b>	Township <b>27North</b> Range <b>8West</b> , NMPM, <b>San Juan</b> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Plateau, Inc.</b>	<b>P.O. Box 108, Farmington, New Mexico 87401</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 990, Farmington, New Mexico 87401</b>					
If well produces oil or liquids, give location of tanks. Will be:	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>0</b>	<b>9</b>	<b>27N</b>	<b>8W</b>	<b>Not as of this date.</b>	

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 Resrv.	Diff. Resrv.
		<b>X</b>	<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>8/1/77</b>	<b>11/15/77</b>	<b>4720'</b>	<b>4684'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>6048'</b>	<b>Chacra</b>	<b>3162'</b>	<b>3177'</b>					
Perforations 1 jet shot each at:			Depth Casing Shoe					
<b>3162, 3163, 3164, 3165, 3166, 3167, 3168, 3192, 3193, 3194, 3195, 3196 (12 holes)</b>			<b>4719'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"OD 24#</b>	<b>259.53'KB</b>	<b>200 sx</b>					
<b>7-7/8"</b>	<b>5-1/2"OD 15.5#</b>	<b>4719.00'KB</b>	<b>800 sx in 2 stages</b>					
<b>Tubing</b>	<b>1.90" IJ</b>	<b>3177'</b>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			<b>JAN</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			<b>OIL CO.</b>
			<b>DIS.</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>890 in 3 hrs.</b>	<b>3 hrs.</b>	<b>none</b>	<b>---</b>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<b>Critical flow prover</b>	<b>13 days-976#</b>	<b>976#</b>	<b>3/4" plate</b>

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.

*Z. P. Hill*  
(Signature)  
**Operations Information Assistant**  
(Title)  
**January 3, 1978**  
(Date)

OIL CONSERVATION COMMISSION  
**JAN 6 1978**, 19\_\_\_\_  
APPROVED  
BY Original Signed by A. R. Kendrick  
SUPERVISOR 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 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.