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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2

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

PRORATION OFFICE		API 30-045-23216
Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company		
Address 501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80295		
Reason for filing (Check proper box)		Other (Please explain)
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hammond WN Federal	Well No. 7A	Pool Name, Including Formation Blanco-Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078180
Location Unit Letter I ; 1650 Feet From The South Line and 990 Feet From The East Line of Section 35 Township 27N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 990, Farmington New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		Yes April 2, 1979

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.
		X	X					
Date Spudded 11-26-78	Date Compl. Ready to Prod. 1-12-79	Total Depth 4750'	P.B.T.D. 4653'					
Elevations (DF, RKB, RT, CR, etc.) 6133' GR, 6146' RKB	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4460'	Tubing Depth 4445'					
Perforations 4622,15,11,02'; 4597,60,54,49,41,35,26,13,07,01'; 4494,89,82,77,69,64,& 60' KB.			Depth Casing Shoe 4749"					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8" OD	286' KB	300 sx.					
7-7/8"	4-1/2" OD	4749' KB	730 sx. (2 stages)					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1302 CV	3 hrs.	- -	- -
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 pt. back pressure	160psi	480 psi	48/64"

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.

R. J. Pagliasotti (Signature)
Operations Information Assistant (Title)

April 3, 1979 (Date)

OIL CONSERVATION COMMISSION
APR 6 1979
APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. _____
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.