

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-85

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

API #30-045-24228

Operator ARCO Oil and Gas Company, Division of Atlantic Richfield Company	
Address P. O. Box 5540, Denver, Colorado 80217	
Reason(s) 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

DESCRIPTION OF WELL AND LEASE

Lease Name Schlosser WN Federal	Well No.: Pool Name, Including Formation 7E Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF078673
Location Unit Letter A : 1085 Feet From The North Line and 805 Feet From The East Line of Section 10 Township 27N Range 11W, NMPM, San Juan County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico 87401		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1526, Salt Lake City, Utah 84110		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 27N Rge. 11W Is gas actually connected? NO When LINE CONNECTED

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

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 5-24-80	Date Compl. Ready to Prod. 7-9-80		Total Depth 6570'		P.B.T.D. 6541'			
Elevations (DF, RKB, RT, GR, etc.) 6115' GL; 6128' DF; 6129' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6401'		Tubing Depth 6406'			
Perforations Dakota 6401' - 6526'					Depth Casing Shoe 6569'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		947'		650 sxs			
7-7/8"	4-1/2"		6569'		1150 sxs(2 stage)			
	2-3/8"		6406'					

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

GAS WELL

Actual Prod. Test-MCF/D 2243	Length of Test 24	Bbls. Condensate/MMCF 41	Gravity of Condensate 47.3° API @ 60° F
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 935#	Casing Pressure (Shut-in) 932#	Choke Size 48/64"

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.

K. L. FLINN (Signature)
Operations Information Assistant
(Title)

July 11, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
Original Signed by FRANK I. HAVZ
BY _____
SUPERVISOR DISTRICT # 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 filled for each pool in multiply completed wells.