

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API #30-045-24276

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

LINE CONNECTION

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Schlosser WN Federal	Well No. 2E	Pool Name, including Formation Basin Dakota - Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF07863
Location Unit Letter <u>C</u> : <u>865</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>27N</u> Range <u>11W</u> , NMPM. <u>San Juan</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>3</u> Twp. <u>27N</u> Rge. <u>11W</u> Is gas actually connected? <u>YES</u> When <u>October 16, 1980</u>

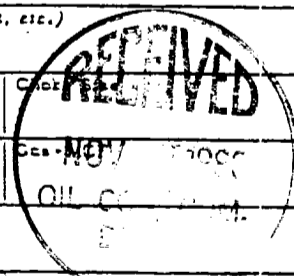
If this production is commingled with that from any other lease or pool, give commingling order number

7. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
		X	X					
Date Spudded 6-22-80	Date Compl. Ready to Prod. 8-4-80	Total Depth 6674'		P.B.T.D. 6628'				
Elevations (DF, RKB, RT, CR, etc.) 6130'GL; 6143'DF; 6144'KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6648'		Tubing Depth 6422'				
Perforations Dakota/Graneros 6448' - 6605'						Depth Casing Shoe 6674'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		529'		350 sx			
7-7/8"	4-1/2"		6674'		1025 sx			
	2-3/8"		6422'					

8. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
 K.L. Flinn (Name)
 Operations Information Assistant (Title)
 November 5, 1980 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 7 1980, 19
 BY Original Signed by FRANK T. CHAVEZ
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 deviate 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 IV for changes of owner name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.