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

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 1-1-85

I. 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)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

FEB 25 1985

If change of ownership give name
and address of previous owner

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schlosser WN Federal	Well No. 2R	Pool Name, Including Formation Basin Dakota-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF078673
Location Unit Letter <u>K</u> <u>1835</u> Feet From The <u>South</u> Line and <u>1720</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>27N</u> Range <u>11W</u> , NMEP, <u>San Juan</u> 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"/> Permian Oil Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	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 K	Sec. 3
	Twp. 27N	Rge. 11W
	Is gas actually connected? <u>NO</u> When	

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't.	Diff. Res't.
		X	X					
Date Spudded 12-4-84	Date Compl. Ready to Prod. 1-16-85	Total Depth 6796'	P.B.T.D. 6712'					
Elevations (DF, RAB, RT, GR, etc.) 6198'GL 6211'KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6605'	Tubing Depth 6596'					
Perforations Dakota 6605'-6646' & 6648'-6654'			Depth Casing Shoe 6796'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		503'KB		300 sx			
8-3/4"	7"		6796'KB		1645 sx			
-----	2-3/8"		6596'KB		-----			

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

GAS WELL

Actual Prod. Test-MCF/D 1556	Length of Test 3 hrs	Bbls. Condensate/MMCF 3.75	Gravity of Condensate ---
Testing Method (piston, back pr.) Back pressure	Tubing Pressure (Shut-in) 1113	Casing Pressure (Shut-in) 1115	Choke Size 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.

K.L. Flinn
K.L. Flinn
Operations Information Assistant
February 14, 1985

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

38-85
APPROVED MAR 8 1985
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.