

U.S.C.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE		API # 30-045-24122			
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	
If change of ownership give name and address of previous owner																	
DESCRIPTION OF WELL AND LEASE																	
Lease Name				Well No.		Pool Name, including Formation				Kind of Lease				Lease No.			
Krause WN Federal				2E		Basin Dakota - Dakota				State, Federal or Fee Federal				SF078863			
Location																	
Unit Letter P : 790 Feet From The South Line and 1120 Feet From The East																	
Line of Section 28 Township 28N Range 11W, NMPM, San Juan County																	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																	
Name of Authorized Transporter of Oil								Address (Give address to which approved copy of this form is to be sent)									
Permian Oil Corporation								P.O. Box 1720, Farmington, New Mexico 87401									
Name of Authorized Transporter of Casinghead Gas								Address (Give address to which approved copy of this form is to be sent)									
El Paso Natural Gas								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									
P		28	28N	11W	YES		NOVEMBER 18, 1980										
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 Resrv. Diff. Resrv.																	
Date Spudded				Date Compl. Ready to Prod.				Total Depth				P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)				Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth					
Perforations								Depth Casing Shoe									
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE				CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT					
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/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)																	
Operations Information Assistant (Title)																	
November 24, 1980 (Date)																	
OIL CONSERVATION COMMISSION																	
APPROVED NOV 26 1980																	
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 deviated 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 multiple completed wells.																	