

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

API # 30-045-24123

|  |   |
|--|---|
| Operator<br>ARCO Oil and Gas Company, Division of Atlantic Richfield Company |   |
| Address<br>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

II. DESCRIPTION OF WELL AND LEASE

|  |                |  |  |                        |
|--|----------------|--|--|------------------------|
| Lease Name<br>Krause WN Federal  | Well No.<br>8E | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Free<br>Federal | Lease No.<br>SF 078863 |
| Location   |                |  |  |                        |
| Unit Letter: 1595 Feet From The North Line and 2170 Feet From The West |                |  |  |                        |
| Line of Section 29 Township 28N Range 11W, NMPM, San Juan County       |                |  |  |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |      |      |                               |
|--|---|------|------|-------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Permian Oil                            | Address (Give address to which approved copy of this form is to be sent)<br>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"/><br>Northwest Pipeline Corporation | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1526, Salt Lake City, Utah 84110   |      |      |                               |
| If well produces oil or liquids,<br>give location of tanks.  | Unit  | Sec. | Twp. | Rge.                          |
|  |   | 29   | 28N  | 11W                           |
|  |   |      |      | Is gas actually connected? NO |
|  |   |      |      | When LINE CONNECTED           |

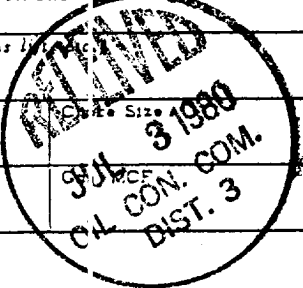
If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

|   |                                       |          |                          |          |        |                            |              |               |
|---|---------------------------------------|----------|--------------------------|----------|--------|----------------------------|--------------|---------------|
| Designate Type of Completion - (X)                              | Oil Well                              | Gas Well | New Well                 | Workover | Deepen | Plug Back                  | Same Rest'v. | Diff. Rest'v. |
|   |                                       | X        | X                        |          |        |                            |              |               |
| Date Spudded<br>4-11-80   | Date Compl. Ready to Prod.<br>6-25-80 |          | Total Depth<br>6282' TD  |          |        | P.E.T.D.<br>6260' PB       |              |               |
| Elevations (DF, RKB, RT, GR, etc.)<br>5750'GL; 5763'DF; 5764'KB | Name of Producing Formation<br>Dakota |          | Top Oil/Gas Pay<br>6151' |          |        | Tubing Depth<br>6108'      |              |               |
| Perforations<br>Dakota 6151' - 6237'                            |                                       |          |                          |          |        | Depth Casing Shoe<br>6281' |              |               |
| TUBING, CASING, AND CEMENTING RECORD                            |                                       |          |                          |          |        |                            |              |               |
| HOLE SIZE<br>12-1/4"  | CASING & TUBING SIZE<br>8-5/8"        |          | DEPTH SET<br>618'        |          |        | SACKS CEMENT<br>450 sxs    |              |               |
| 7-7/8"  | 4-1/2"                                |          | 6281'                    |          |        | 1300 sxs (2 stage)         |              |               |
|   | 2-3/8"                                |          | 6108'                    |          |        |                            |              |               |

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



GAS WELL

|   |  |  |  |
|---|--|--|--|
| Actual Prod. Test-MCF/D<br>770 MCFD               | Length of Test<br>24 hrs                 | Bbls. Condensate/MMCF<br>198 BOPD        | Gravity of Condensate<br>43.0° API @ 60° F |
| Testing Method (pilot, back pr.)<br>Back Pressure | Tubing Pressure (Shut-in)<br>531# 30 min | Casing Pressure (Shut-in)<br>635# 30 min | Choke Size<br>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

(Signature)

Operations Information Assistant

(Title)

July 1, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 1, 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 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.