LAND OFFICE I RANSPORTER CAS	AUTHORIZATION TO TR	ANSPORT OIL AND I	NATURAL (GAL)	
OPERATOR . PRORATION OFFICE	API # 30-045-24123				
Operator	Componer Division 5 4.1	······································			
Address	Company, Division of Atl	antic Richfield	Company ————		
P.O. Box 5540, De	nver, Colorado 80217				
New We!!	Change in Transporter of:	Other (Please	explain)		
Change in Ownership	Oil Dry Go				
If change of ownership give name and address of previous owner	Conde				
I. DESCRIPTION OF WELL AND L	EASE				
Krause WN Federal	Well No. Pool Name, Including F 8E Basin Dak		Kind of Lease	• ·	Lecse Na.
Location			Siote, / Scere!	Federal	SF078863
Unit Letter F : 159	Feet From The North Lin	ne cond 2170	_ Feet From T	he West	
Line of Section 29 Town	ship 28N Range	11W , NMPM	San	J ian	County
Name of Authorized Transporter of Oil [
Permian Oil Corporation		P.O. Box 1702,			
Name of Authorized Transporter of Casinghed Gas or Dry Gas X El Paso Natural Gas Company		P.O. Box 990, Farmington, New Mexico 87401			
	Umi Sec. Twp. F.ge. F 29 28N 11W	is gas actually connected? When			
.If this production is commingled with	that from any other lease or pool,	give commingling order	пишрен	1.INE CONNECT	ED
Designate Type of Completion	- (X) Gas Well	New Well Workever	Deepen	Pluc Book Some Re	s'r. Dill Res'
	Dese Compl. Ready to Proc.	Total Depth	<u> </u>	P.B.T.D.	
4-11-80 Elevations (DF, RKB, RT, GR, etc.; 1	6-25-80 Name of Producing Formation	6282 t		62601	
5750'GL;5763'DF;5764'KB	Dakota	6151'		6108'	
Performions Dakota 6151'-6237'	· .		•	Depth Cosing Shoe	
HOLE SIZE	TUBING, CASING, AND			1	
12-1/4"	8-5/8"	DEPTH SE 618'	Τ	SACKS CEMENT	
7-7/8"	4-1/2"	6281'		1300 sx (2 stage)	
	2-3/8"	6108'		<u> </u>	<u> </u>
. TEST DATA AND REQUEST FOR OIL WELL	ALLOWABLE. (Test must be as able for this de	feet recovery of social volumes, or he for full 24 hours,	ne of load oil a	nd nurs be equal to or	exceed top allo
	Octo of Tost	Producing Method (Flow, pump, gas lift, cic.)			
Length of Test	wing Pressure	Cosing Pressure		Clinke Size	
Actual Prod. During Test C	Dil-Bbla.	Woter - Sbls.		Gos-MCF	
			: 	GII.S - M.C.F	
GAS WELL					
<u></u>	ength of Test	Bbls. Condensets/MMCF		Greatly of Condenses	
Testing Method (pitot, back pr.) 7	whine Pressure (That-in)	Cosing Pressure (Shut-	in)	Choze Size	:
CERTIFICATE OF COMPLIANCE	;	OIL C	ONSERVA	TION COMMISSIC)N
I hereby certify that the rules and reg	Original Signed by CHARLES GHOLSON BY DEPUTY OIL & GAS INSI ECTOR, DIST.				
Commission have been complied with					
above is true and complete to the best of my knowledge and belief.					
		TITLE	be filed to se	Devillance with a sit	
KL Fline	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
K.L. Flinn (Signal of Management of Manageme	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Title)		All sections of table on new and rec	his form mus ompleted wel	t be filled out comp)	etely for allow
November 13, 1980		•	ections I. II.	II. and VI for cha	nges of owner
150.47	-	1	• •	be filled for each p	