

U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator		API # 30-045-24210	
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:	LINE CONNECTION	
Recompletion	Oil		
Change in Ownership	Casinghead Gas		
	Dry 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
Krause WN Federal	1E	Basin Dakota	State, Federal or Fee Federal
			Lease No.
			SF078863
Location			
Unit Letter	C	790 Feet From The North	Line and 1520 Feet From The West
Line of Section	32	Township 28N	Range 11W, NMPM, San Juan County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Permian Oil Corporation		P.O. Box 1702, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.		P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	C	32	28N
			Rge.
			11W
			Is gas actually connected?
			Yes
			When
			Sept. 23, 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
		X	X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/25/80	6/27/80	6360'	6330'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5912'KB, 5838' GL	Dakota	6177'	6257'
Perforations	Depth Casing Shoe		
Dakota 6177 - 6210 & 6257 - 6287	6359'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	726'	525 SX
7-7/8"	4-1/2"	6359'	1350 SX
	2-3/8"	6257'	
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 - 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		OIL CONSERVATION COMMISSION	
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.		APPROVED OCT 3 1980	
K. L. Flinn (Signature)		Original Signed by CHARLES GULSON	
Operations Information Assistant (Title)		BY	
October 1, 1980 (Date)		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 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 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.	