

DISTRICT II
P.O. Drawer DD, Artesa, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARCO OIL AND GAS COMPANY, DIV. OF ATLANTIC RICHFIELD CO.	Well API No. 3004524486
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Address
1816 E. MOJAVE, FARMINGTON, NEW MEXICO 87401

Reason(s) for Filing *Check proper box:* ☐ Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/> Condensate

EFFECTIVE 10/01/90

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name KRAUSE WU FED.	Well No. 4E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF079863
Location Unit Letter P Section 33 Township 28N Range 11W N.M.P.M.	1025 Feet From The SOUTH Lane and 975 Feet From The EAST Line	SAN JUAN County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil MERIDIAN OIL COMPANY	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 4289 FARMINGTON, NM 87401				
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O BOX 4990, FARMINGTON, N.M. 87499				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 33	Twp. 28N	Rge. 11W	Is gas actually connected? YES	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 v	Diff Res v
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

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 Tank	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. During Test (MCF)	Length of Test	Bbls to 1000 psi (MCF)	Gravity of Condensate
Testing Method (pump, back pr,	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Rick Renick
Signature
RICK RENICK
Printed Name
PROD SUPERVISOR
Title
OCTOBER 3, 1990
Date
(505) 325-7527
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 03 1990
By [Signature]
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.