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SANTA FE				
FILE				L
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS	1		
OPERATOR		3		
PRORATION OF				
Operator ARCO Oi Atlanti	l and c Ric	Ga hfi	s C eld	01
4 1 1				

(Date)

	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11				
	FILE / _		AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS				
	LAND OFFICE	4	The second first office					
	TRANSPORTER OIL	1						
	GAS /	1						
	OPERATOR 3	4	_					
I.	PRORATION OFFICE		API	-30-045-23214				
	Operator ARCO Oil and Gas (Atlantic Richfield	Company, Division of d Company						
	Address .	a company						
	Suite 501, 1860 L	incoln Street, Denver, C	Colorado 80295					
	Reason(s) for filing (Check proper box)	Other (Please explain)					
	New Well	Change in Transporter of:	Effective 4-1-79	Effective 4-1-79 Assumed name for				
	Recompletion	OII Dry Go	s [formerly Atlanti	c Richfield Company.				
	Change in Ownership	Casinghead Gas Conde	nsate 🔲					
	•••							
	If change of ownership give name and address of previous owner							
Ħ.	DESCRIPTION OF WELL AND							
	Lease Name	Well No. Pool Name, Including F	ì	Legse 140.				
	Blanco	l Blanco-Mesave	erde State, Feder	ral or Fee Federal SF-078510				
	Location	_						
	Unit Letter G; 1650	Feet From The North Lin	ne and 1650 Feet From	The East				
	_	27 No-th	0 ***					
	Line of Section 5 Tov	wmship 31 North Range	8 West , NMPM, San Jua	n County				
	DECICE AMICS OF TO ANCHOR	TED OF OH AND MARKINAL CO						
111.	DESIGNATION OF TRANSPORT		Address (Give address to which appr	oved copy of this form is to be sent)				
				, , , , , , , , , , , , , , , , , , , ,				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)				
	Northwest Pipeline Corpo	****	P O Poy 316 Tanagio	Colorado 91127				
		Unit Sec. Twp. Rge.	P. O. Box 316, Ignacio	/hen				
	If well produces oil or liquids, give location of tanks.		Not as of this date					
IV	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:					
41.		Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completic	on - (X)						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	10-28-78	12-14-78	60501 KB	59251 KB				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	6579 GR	Mesaverde	5728' KB	5719' KB				
	Perforations			Depth Casing Shoe				
	5728-5872! OA Mesaverde			6050' KB				
			D CEMENTING RECORD					
	14-3/4"	9-5/811 OD	DEPTH SET	SACKS CEMENT				
	8-3/4"			325 sx.				
	6-1/4"	7 th OD 4-1/2 th OD Liner	38351 KB	275 sx.				
	0=1/4"	2-3/8" OD Tbg.	f/3678-6050' KB 5719' KB	275 sx.				
V.	TEST DATA AND REQUEST FO	TA AND REQUEST FOR ALLOWABLE (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.)				
				1900				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF ALIC 1 O 40 TO				
				AUG13 1979				
				VOIL COM COME.				
	GAS WELL			DIST				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Carvity of Condensate				
	3686	3 hrs. Tubing Pressure (shut-in)	N/A Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)		-					
	Critical Flow Prover	1123#	1107#	48/64"				
VI.	CERTIFICATE OF COMPLIANCE	CE		ATION COMMISSION				
			APPROVED AUG 1 3 1979 . 19					
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 beat of my knowledge and belief. Signature)								
			BY Original Signed by A. R. Kendrick SUPERVISOR DISTRICT # 8					
			·					
			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					
			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
Operations Manager		All sections of this form must be filled out completely for allow-						
	(Title)		able on new and recompleted wells.					
August 9, 1979		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.						

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.