

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

API #30-045-25339

Operator
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 <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

DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic "C"	Well No. 101	Pool Name, including Formation Undesignated Gallup &	Kind of Lease State, Federal or Fee Federal	Lease No. NM 607
Location Basin Dakota				
Unit Letter A	790	Feet From The North	Line and 1120	Feet From The East
Line of Section 6	Township 30N	Range 10W	NMPM, San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Unknown	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When NO

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-385

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-14-82	Date Compl. Ready to Prod. 9-1-82 & 3-17-83(Workover)	Total Depth 7462'	P.B.T.D. 7423'					
Elevations (DF, RKB, RT, GR, etc.) 6121'GL 6135' KB	Name of Producing Formation Gallup & Dakota	Top Oil/Gas Pay 6276'	Tubing Depth 7107'					
Perforations 6276'-6527' & 7121'-7394'	Depth Casing Shoe 7461'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	705'	700 sx
7-7/8"	4-1/2"	7461'	1840 sx (3 stage)
	2-3/8"	7107'	

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.)	
		NA	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		NA	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		NA	

GAS WELL

Actual Prod. Test - MCF/D 2190 1248 Gallup 942 Dakota	Length of Test 3 hrs	Bbls. Condensate/MMCF 13.6	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1553	Casing Pressure (Shut-in) 1540	Choke Size 48/64"

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

(Signature)

Operations Information Assistant

(Title)

August 4, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.