

Subject: Copies
Approved by District
DISTRICT I
P.O. Box 1380, Santa Fe, NM 87240

OIL CONSERVATION DIVISION

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator ARCO Oil and Gas Company	Well API No. 30-045-275 27522
Address 1816 E. Mojave, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jacquez	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, (Federal) or Fee	Lease No. SF078510
Location Unit Letter <u>B</u> : <u>1370'</u> Feet From The <u>North</u> Line and <u>1295'</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>31N</u> Range <u>8W</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. 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)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Northwest Pipeline Company	P. O. Box 8900, Salt Lake City, UT 84108				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
					X 1/29/90

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
		X	X					
Date Spudded 11/18/89	Date Compl. Ready to Prod. 1/7/90	Total Depth 3593		P.B.T.D. 3543				
Elevations (DF, RKB, RT, GR, etc.) 6548 GR 6561 KB	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 3282		Tubing Depth 3243				
Perforations 3282-3445			Depth Casing Shoe 3591					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		503		325			
7 7/8	5 1/2		3591		750			
	2 7/8		3243					

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 1-29-90	Date of Test 1-29-90	Producing Method (Flow, pump, gas lift, etc.) Gas Lift	RECEIVED MAR 02 1990 OIL CON. DIV DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 201	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (psia, back pr) Orifice Meter	Tubing Pressure (Shut-in) 900 psi	Casing Pressure (Shut-in) N/A	Choke Size Variable

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.

Ken W. Gosnell
Signature
Ken W. Gosnell Engr. Tech.
Printed Name
2-27-90 915 688-5672
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 02 1990

Date Approved _____

By Bruce J. Shoup
SUPERVISOR DISTRICT #3

Title _____

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.

