

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO OFFICE		
HANDPICKED	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box) Other (Please explain)

Well Completion	<input type="checkbox"/>	Change in Transporter of:	
Change in Ownership	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
		Costinched Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Horseshoe Gallup Unit	258	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200

Unit Letter 0 : 380 Feet From The South Line and 2280 Feet From The East

Line of Section 3 Township 30N Range 16W , N.M.P.M. San Juan County

SIGNATION 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)

CINIZA Pipe Line Co., Inc. P. O. Box 1887 Bloomfield, NM 87413

Name of Authorized Transporter of Costinched Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Top	Pop.	Is gas actually connected?	When
	J	4	30N	16W		

If its production is commingled with that from any other lease or pool, give commingling order number _____

COMPLETION DATA

Designate Type of Completion - (X)

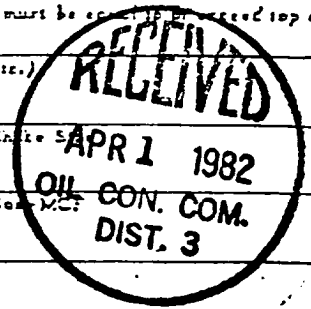
<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Sand Rest.	<input type="checkbox"/> Drill Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Methods (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Measurements			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be completed for 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Level Prod. During Test	Oil - Bbls.	Water - Bbls.	



AS WELL

Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

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
 K.L. Flinn (Signature)
 Operations Information Assistant
 (Title)
 March 24, 1982
 (Date)

OIL CONSERVATION COMMISSION
APR 1 1982
 APPROVED _____, 19____
 BY **Original Signed by FRANK T. CHAVEZ**
 SUPERVISOR DISTRICT #3
 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 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 owner, well name or number, or transporter, or other such change of conditions.