	DISTRIBUTION  SANTA FE FILE  U.S.G.S.  LAND OFFICE  FRANSPORTUR  GAS  OPENATOR	<b>\$</b>	OHSERVATION COMMI FOR ALLOWABLE AND HSPORT OIL, AND N		Poim C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
i.	PRORATION OFFICE Operator					
	ARCO Oil and Gas Company, Division of Atlantic Richfield Company  Address  1860 Lincoln Street, Suite 501, Denver, Colorado 80295					
	Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion OII Dry Gas Assumed name for formerly  Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND Lease Name Horseshoe Gallup Unit Location Unit Letter  0 99	Vell No. Pool Name, Including Formal Horseshoe Gal  Horseshoe Gal  Feet From The South Lin	lup	Kind of Lease State, Federal or F Feet From The	Lease No. CeeFed. 14-08-0001-820	
			6W , NMPM,	San Jua		
111.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Circ (X) or Condensate Address (Give address to which approved copy of this form is to be sent)  Shell Pipeline Company Box 940, Bloomfield, NM 87413  Name of Authorized Transporter of Chainghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When ve location Atanks.					
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty					
	Designate Type of Completic		Total Depth		3. T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Off/Gas Pay		oing Depth	
	Perforations	Name of Frontiering Formation			oth Casing Shoe	
	HOLE SIZE	TUBING, CASING, ANI CASING & TUBING SIZE	CEMENTING RECORD  DEPTH SET		SACKS CEMENT	
V.	TEST DATA AND REQUEST FOOL WELL		pth or be for full 24 hours)		nust be equal to or exceed top allon	
	Date First New Oil Run To Tanks	Date of Test	Producing Mothed (Flow, pump, gas lift.		(800)	
	Length of Test	Tubing Prossure	•		oke Siz	
	Actual Prod. During Test	O(I-Bbls.	Water - Bbis.		MAR 19 970	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Apls. Condensate/MMCF	Gro	ivity of Condenedte 3	
	Testing Method (pitot, buck pr.,	Tubing Pressure (Shut-in)	Casing Pressure (Slav	in) Ch	oke Size	
VI.	CERTIFICATE OF COMPLIANO	OIL CONSERVATION COMMISSION  APPROVED MAR 1 2 1979  Original Signed by A. R. Kendrick				
	I hereby certify that the rules and in Commission have been complied a					

above is true and complete to the best of my knowledge and bolief.

Accounting Supervisor (Inte)

March 9, 1979

(Date)

BY.

SCPERVISOR DIST. TITLE .

This form is t be filed in compliance with RULE 1104.

If this is a respect for allowable for a newly delited or deepened well, this form mus he accompanied by a tabulation of the deviation tests taken on the sell in accordance with MULE 111.

able form must be filled out completely for allow-completed wells. All sections : sble on new and i-

Fill out only sections I. II. III, and VI for changes of owner well name or number, or transportation other such change of condition

Separate Form C-104 must be filed for each pool in multiple completed wells.