

REG. NO.		
REG. OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 Change in Transporter of:
 Oil Dry Gas
 Change in Ownership Cost-shared Gas Condensate

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name Horseshoe Gallup Unit	Well No. 297	Pool Name, including Formation Horseshoe Gallup	Kind of Lease State, Federal or Free	Lease No. SF 081226
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Unit Letter I ; 1550 Feet From The South Line and 1250 Feet From The East Line
 Line of Section 4 Township 30N Range 16W , N.M.P.M. San Juan County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 CINIZA Pipe Line Co., Inc. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1887 Bloomfield, NM 87413

Name of Authorized Transporter of Cost-shared 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 Pos. Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest. Dill Rest.

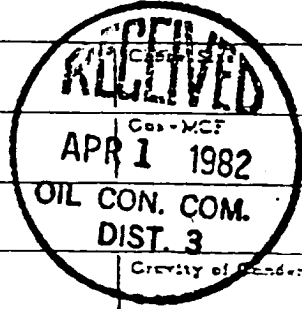
Time Spended	Done Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

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 load oil and must be equal to or exceed top allowable for this depth or be for full 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-Ebbs.	Water-Ebbs.



AS WELL

Level Prod. Test-MCF/D	Length of Test	Ebbs. Condensate/MCF	Gravity of Condensate
Cementing Method (plug, back pr.)	Tubing Pressure (PSI-10)	Casing Pressure (PSI-10)	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
 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, old and new and recompleted wells.
 Fill out only Sections 1, 2, 10, and 11 for changes of well name or number, or transporter, or other such change of conditions.