Submit 5 Croies Appropriate District Office DISTRICT | P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.		TO TRA	ANSPO	ORT OIL	AND NA	TURAL GA	NS				
Operator ARCO Oil and Gas Company, Div. of Atlantic Richfield						Weil API No. 3004510100					
Address								3001			
1816 E. Mojave, Farm	nington,	New Mex	ico 87	401							
Reason(s) for Filing (Check proper box) New Well		Change is	Tasan	eter of	Othe	s (Please explo	iin)				
Recompletion	Oii		Dry Ga	_							
Change in Operator	Casinghe	_	Conden								
if change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Name Well No. Pool Name, Include				ng Formation	1	of Lease	_	Lease No.		
HORSESHOE GALLUP UNI	T 208 HORSES				MOB SHEED!			Federal or Fe	14-20	-604-1951	
Unit Letter		650	F F.	 S	CUTH	. 450			WEST	E	
	;		_ rea m	om The	Line	and	Fe	et From The		Line	
Section 33 Townsh	ip 31N	 	Range	16W	, NA	СРМ,	SAN	JUAN		County	
III. DESIGNATION OF TRAN	NSPORTE	R OF O	II. ANI	D NATTE	DAT GAS						
Name of Authorized Transporter of Oil	X	or Conde				address to wh	ich approved	copy of this f	orm is so be se	nt)	
GIANT TRANSPORTATION					P 0 BOX 256 FARMINGTON, NM 97499 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin	ighead Gas		or Dry	Gas	Address (Give	e address to wh	ich approved	copy of this f	orm is so be se	ont)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When	?			
give location of tanks.	1 3	_32		116W		<u>[C</u>		 			
If this production is commingled with that IV. COMPLETION DATA	from any od	er lease or	pool, giv	e comming!	ing order aumb	er					
		Oil Well	1 0	as Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1			Total Depth		L		İ	1	
Date Spudded	Date Com	Date Compil. Ready to Prod.						, P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas ?	zy yzy		Tubing Dep	ubing Depth		
Perforations								Depth Casin	- Chan		
								Deput Casil	og Suice		
					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
<u></u>						·					
								,			
V. TEST DATA AND REQUE	ST FOR	MILOW	ARIG		<u> </u>			MF	@ F I	VE	
OIL WELL (Test must be after t				nil and must	be equal to or	exceed top allo	nvable for thi	ar be	for full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Te					thod (Flow, pu		A . C.	IG 0 6 19		
Length of Test	Tubes 9				Casing Pressu						
Louga. W Total	tooms to	Tubing Pressure						OIL CON. DI			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas-MCF DIST, 2				
a.a.m.r.										:	
GAS WELL Actual Prod. Test - MCF/D	anoth of	Test		·	Bbis. Conden	mie/M/CE		Commerca of	andenest-		
Amount Living Light - MICELL	Length of Test				DUIS CORDER	HE MINIC!		Gravity of Condensate			
Testing Method (puor, back pr.,	Tuoing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
					<u> </u>						
VI. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					AUG 0 8 1990						
is true and complete to the best of my	knowledge a	ad belief.			Date	Approx	ð				
1 Daniel	Canin								al		
Signature DAVID CORZINE	1	PROD SUI	PERVIS	OR	By_						
Pristed Name			Tale		Title	DEPUT	Y OL & G	as inspec	TOR, DIST.	#3	
AUGUST 3, 1990		(505)325		 .	Hue					· · · · · · · · · · · · · · · · · · · ·	
Date		Tek	ephone N	0.							

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.