

REPORTER	OIL	
	CAS	
RATOR		
RATION OFFICE		

RCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Units (for filling (Check proper box))		Other (Please explain)	
Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Condensed Gas	☐
		Dry Gas	☐
		Condensate	☐

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Foot Name, including Formation	Kind of Lease	Lease No.
Horseshoe Gallup Unit	216	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200
Well Letter	M	Feet From The	South	Line and
	660		610	Feet From The
			West	
Line of Section	35	Township	31N	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 ☐	Address (Give address to which approved copy of this form is to be sent)
MINIZA Pipe Line Co., Inc.	P. O. Box 1887 Bloomfield, NM 87413
Name of Authorized Transporter of Condensed Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	E	34	31N	16W		

If 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	Some Restr.	Drill Restr.
Spud Date	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RKB, RT, CR, etc.)	Near of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Locations					Depth Casing Shoe			

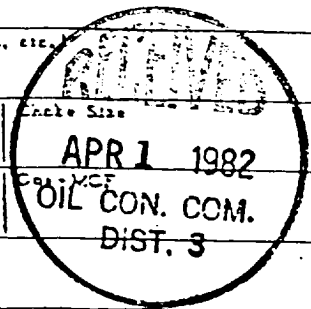
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL

(Test must be after recovery of total volume of leased oil and must be equal to or exceed 10% of total volume 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
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.



TEST WELL

Well Prod. Test - MCT/D	Length of Test	Bbls. Condensate/MCT/D	Gravity of Condensate
Producing Method (flow, back prod.)	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 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

APPROVED *APR 1 1982*
Original Signed by FRANK T. CHAVEZ
BY
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 device 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 well name or number, or transporter, or other such change of completion.
Separate Forms must be filled for each pool in the well.