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U.S.G.S.
LOCAL OFFICE
TRANSPORTER OIL GAS
OPERATOR 3
PERCATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

I. GRANTOR
ARCO Oil and Gas Company, Division of Atlantic Richfield Company
Address
1560 Lincoln St., Suite 501, Denver, Colorado 80295
Reason for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Assumed name for formerly
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Atlantic Richfield Company.
Other (Please explain) Effective 4/1/79
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Horseshoe Gallup Unit Well No. 213 Pool Name, including Formation Horseshoe Gallup Kind of Lease State, Federal or Fee Fed. 14-08 Lease No. 0001-82
Location
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West
Line of Section 34 Township 31N Range 16W, NMPM, San Juan County

III. DESIGNATION 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)
Water Injection Well - Shut In
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Flow
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. 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.
Signature
Responsible Supervisor
Date 3/12/79

OIL CONSERVATION COMMISSION
APPROVED MAR 12 1979
BY Original Signed by FRANK T. CHAVEZ
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deviated 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 well name or number, or transporter, or other such change of well.
Separate Forms C-104 must be filed for each pool in multi-completed wells.