

TRANSPORTER	OIL		
	GAS		
PRODUCER			
REGISTRATION OFFICE			

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Check proper box

Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Condensed Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Range of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Horseshoe Gallup Unit	214	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-820

Well Letter	0	940	Feet From The	South	Line and	2050	Feet From The	East
Line of Section	34	Township	31N	Range	16W	N.M.P.M.	San Juan	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
CINIZA Pipe Line Co., Inc.	P. O. Box 1887 Bloomfield, NM 87413
Signature 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, or location of tanks.	Unit	Sec.	Top	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 Re-
Spud Date	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Formations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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.)	
Depth of Test	Tubing Pressure	Casing Pressure	Cable Size
Fluid Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Fluid Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (flow, back pr.)	Tubing Pressure (PSI-14)	Casing Pressure (PSI-14)	Cable 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 (Signature)
Operations Information Assistant

March 24, 1982

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982, 19

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT 3

TITLE

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

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devel-
opment taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a
well name or number, or transporter, or other such change of condi-

Separate Form C-304 must be filled for each pool in a