

REPORTING OFFICE		
TRANSPORTER	DIL	
	CAS	
OPERATOR		
REGISTRATION OFFICE		

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 Ownership ☐	
Change in Transporter of Oil ☒	
Change in Transporter of Gas ☐	
Change in Transporter of Condensate ☐	

Range of ownership give name and 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	49	Horseshoe Gallup	State, Federal or Free	Fed. 14-08-0001-8200

Unit Letter	0	650	Feet From The	South	Line and	1980	Feet From The	East
Line of Section	32	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 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.	Twp.	Range	Is gas actually connected?	When
	K	32	31N	16W		

Is production commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

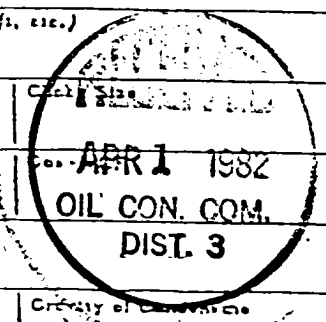
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Bottom	Scale Borehole	Drill New
Spud Date	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Wellbore (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Formation	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL

Test Data	Request for Allowable
First New Oil Run To Tanks	Date of Test
Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure
Casing Pressure	Choke Size
Flow Prod. During Test	Oil - Bbls.
Water - Bbls.	



Test Data	Request for Allowable
Flow Prod. Test - MCF/D	Length of Test
Bbls. Condensate/MCF	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.	OIL CONSERVATION COMMISSION APR 1 1982 APPROVED _____, 19 BY Original Signed by FRANK J. CHAVEZ SUPERVISOR DISTRICT 3 TITLE _____
K.L. Flinn Operations Information Assistant March 24, 1982	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 devils test 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 1, II, III, and VI for changes of well name or number, or transporter, or other such change of name.