

U.S.C.S.		AND	
LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Petroleum			
ARCO Oil and Gas Company, Division of Atlantic Richfield Company			
Address			
P.O. Box 5540, Denver, Colorado 80217			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil ☒ Dry Gas ☐	
Change in Ownership	☐	Casinghead Gas ☐ Condensate ☐	
Change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Horseshoe Gallup Unit	190	Horseshoe Gallup	State, Federal or Free Fed. 14-08-0001-8200
Location			
Unit Letter	H	2310	Feet From The North Line and 330 Feet From The East
Line of Section	33	Township	31N Range 16W, N.M.P.M. San Juan County
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)		
CINIZA Pipe Line Co., Inc.	P. O. Box 1887 Bloomfield, NM 87413		
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.	Twps.
	E	34	31N 16W
Is gas actually connected? When			
If this 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
			Same Res't.
			Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, 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
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 allowable 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED 1982, 19	
K.L. Flinn (Signature)		BY Original Signed by FRANK T. CHAVEZ	
Operations Information Assistant		SUPERVISOR DISTRICT # 3	
March 24, 1982 (Date)		TITLE	
		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 deviate 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 owner, well name or number, or transporter, or other such change of condition.	
		Separate Form C-104	