

U.S.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
PERATOR		
ORATION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
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

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Horseshoe Gallup Unit	189	Horseshoe Gallup	State, Federal or Fee Fed. 14-08	0001-8200

Location

Unit Letter G : 1980 Feet From The North Line and 1980 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)

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

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 Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Deviations (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

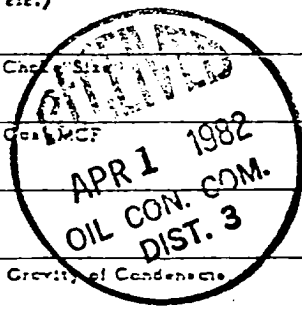
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 Size

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 (pilot, back pr.)	Tubing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

K.L. Flinn (Signature)
Operations Information Assistant
(Title)
March 24, 1982 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982, 19

BY Original Signed by FRANK T. CHAVEZ

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 deviat 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 own well name or number, or transporter, or other such change of condition.

Separate Forms must be filled for each pool in multi-