

TRANSPORTER	OIL	
TRANSPORTER	GAS	
ERATOR		
ORATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

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

Change 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	18	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8201

Unit Letter N : 660 Feet From The South Line and 2053 Feet From The West

Line of Section 30 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 ☐
CINIZA Pipe Line Co., Inc. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1887 Bloomfield, NM 87413

Signature of Authorized Transporter of Condensate 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 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	Stake Restr.	Drill Hole
Date Spudded	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					
Remarks			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

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

WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pump, back pr.)	Tubing Pressure (PSIG-in)	Casing Pressure (PSIG-in)	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.

K.L. Flinn (Signature)
Operations Information Assistant

March 24, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982

BY Original Signed by FRANK T. CHAVEZ

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 devils 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 1, 2, 10, and 11 for changes of well name or number, or transporter or other such change of data.