1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS OPERATOR PRORATION OFFICE Operator	REQUEST AUTHORIZATION TO TRA	FONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and () Effective 1-1-05
	Address	Suite 501, Denver, Color Change in Transporter of: Oil Dry Gar Casinghead Gas Conden	rado 80295 Other (Please explain) E Assumed name fo Atlantic Richfi	r formerly
	DESCRIPTION OF WELL AND	LEASE		
	Lease Name Horseshoe Gallup Unit	Well No. Pool Name, Including Fo	£	Lease No. 14-08-0001-820
	Unit Letter G; 1590 Feet From The North Line and 1650 Feet From The East			
	Line of Section 25 Tov	waship 31N Range 1		n Juan County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Shell Pipeline Company Name of Authorized Transporter of Cas	,	Address (Give address to which appropriately, Address (Give address to which appropriately)	Nm 87413
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. P 30 31N 16W	Is gas actually connected? Wh	en
		th that from any other lease or pool,	give commingling order number:	
3 Y .	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,
	Date Spydded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be off OII, WELL able for this dep Date of Test		fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow-
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - A Gas -
				1/2/2/2019
GAS WELL GAS WELL GAS WELL				
	Actual Prod. Test-MCF/D	Langth of Test	Bbls. Condensate/MMCF	Granty of Bonde pende 3
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

VAccounting Supervisor

March 9, 1979

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.

(Signatura)

(Title)

(Date)

OIL CONSERVATION COMMISSION MAR 1 2 1979

APPROVED Original Signed by FRANK T. CHAVEZ BY.

DESMIT ON RECORD PROPER TITLE .

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

If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for sllow-able on now and recompleted wells.

Fill out only Sections I. H. III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiple completed wells.