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| TRANSPORTER | OIL GAS |
| OPERATOR | 5 |
| PROBATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-65

I. OPERATOR

Operator
 ARCO Oil and Gas Company, Division of Atlantic Richfield Company

Address
 1860 Lincoln Street, Suite 501, Denver, Colorado 80295

Reason(s) for filing (check proper box) Other (Please explain) Effective 4/1/79

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Assumed name for formerly Atlantic Richfield Company.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--|-----------------------|
| Lease Name Horseshoe Gallup Unit | Well No. 101 | Pool Name, Including Formation Horseshoe Gallup | Kind of Lease State, Federal or Fee Fed. 14-08 | Lease No. 0001-820 |
| Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>706</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>31N</u> Range <u>16W</u> , NMPM, <u>San Juan</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Water Unjection Well | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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. Twp. Rge. Is gas actually connected? When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | |
|---|-----------------------------|----------|-----------------|----------|-------------------|-----------|----------------|-----------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Reservoir | Diff. Reservoir |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DE, 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 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. 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 above is true and complete to the best of my knowledge and belief.

[Signature]
 Accounting Supervisor
 March 9, 1979
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 12 1979, 19 _____

BY Original Signed by FRANK T. CHAVEZ
 DEPUTY OIL & GAS INSPECTOR, DIST. 3

TITLE _____

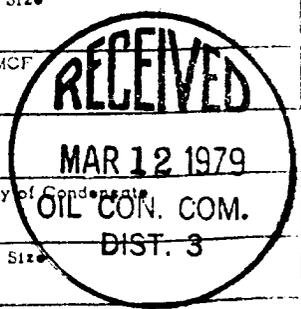
This form may be filed in compliance with RULE 1104.

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

All sections of this form must be filled out completely for allowable on new and completed 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 conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.



OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Vantage Point Operating Company; Well APT No: 3004510549; Address: 5801 E. 41st, suite 1001, Tulsa, Oklahoma 74135; Reason(s) for Filing: Change in Operator (checked); Change in Transporter of: INJECTION WELL

If change of operator give name and address of previous operator: ARCO Oil and Gas Company, P.O. Box 1610, Midland, Texas 79702 a Division of Atlantic Richfield Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Horseshoe Gallup Unit; Well No: 101; Pool Name: Horseshoe Gallup; Kind of Lease: State, Federal or Fee; Lease No: 14-20-603-3531; Location: Unit Letter L, 1980 Feet From The South Line and 706 Feet From The West Line; Section 19, Township 31-N, Range 16-W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate; Name of Authorized Transporter of Casinghead Gas or Dry Gas; If well produces oil or liquids, give location of tanks; Unit, Sec., Twp., Rge.; Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X); Date Spudded; Date Compl. Ready to Prod.; Total Depth; P.B.T.D.; Elevations (DF, RKB, RT, GR, 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

V. 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 Tank; 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 - Bbls.

GAS WELL

Actual Prod. Test - MCF/D; Length of Test; Bbls. Condensate/MMCF; Gravity; Testing Method (pilot, back pr.); Tubing Pressure (Shut-in); Casing Pressure (Shut-in); Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and the information given above is true and complete to the best of my knowledge and belief.

Signature: Deborah L. Greenwich; Printed Name: Deborah L. Greenwich - Production Asst.; Date: 1-19-91; Title: Production Asst.; Telephone No.: 918-664-2100

OIL CONSERVATION DIVISION

Date Approved: FEB 27 1991; By: [Signature]; Title: SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.