

C.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
ND OFFICE			
TRANSPORTER		OIL	
		GAS	
ERATOR			
ORATION OFFICE			
rior			
ARCO Oil and Gas Company, Division of Atlantic Richfield Company			
P.O. Box 5540, Denver, Colorado 80217			
ion(s) for filing (Check proper box)		Other (Please explain)	
Well		Change in Transporter of:	
Completion		Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership		Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of ownership give name address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Well Name		Well No. Pool Name, including Formation	
Horseshoe Gallup Unit		75 Horseshoe Gallup	
Kind of Lease		Lease No.	
State, Federal or Free		Fed.14-08-0001-8200	
Well Letter J ; 1845 Feet From The South Line and 1895 Feet From The East			
Line of Section 14 Township 31N Range 17W , N.M.P.M. San Juan County			
SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS			
Signature of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		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	
Signature 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)	
Well produces oil or liquids, or location of tanks.		Is gas actually connected? When	
Unit		Sec.	
P		30	
Twp.		31N	
Rge.		16W	
If 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 Some Restr. Diff. Res.			
Spudded		Date Compl. Ready to Prod.	
Total Depth		P.B.T.D.	
Sections (DF, RKB, RT, CR, etc.)		Name of Producing Formation	
Top Oil/Gas Pay		Tubing Depth	
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 load oil and must be equal to or exceed top oil able 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.)			
Length of Test		Tubing Pressure	
Casing Pressure			
Level Prod. During Test		Oil - Bbls.	
Water - Bbls.			
S WELL			
Level Prod. Test - MCF/D		Length of Test	
Bbls. Condensate/MCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Start-In)	
Casing Pressure (Start-In)		Casing 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 (Title)			
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 deepened well, this form must be accompanied by a tabulation of the device 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 well name or number, or transporter, or other such change of conditions.			

