

OF COPIES RECEIVED  
DISTRIBUTION  
AREA, ETC.  
FILE  
U.S.G.S.  
LAND OF BUREAU  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRODUCTION 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. **Company**  
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)**  
New Well ☐ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐  
**Other (Please explain)** Effective 4/1/79  
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.** 143 **Pool Name, including Formation** Horseshoe Gallup **Kind of Lease** State, Federal or Fee **Lease No.** Fed. 14-08-0001-8200  
**Location**  
Unit Letter K ; 1880 Feet From The South Line and 1980 Feet From The West  
Line of Section 21 Township 31N Range 16W , NMPM, San Juan County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
**Name of Authorized Transporter of Oil** ☐ or Condensate ☐  
Water Injection Well - Shut In **Address (Give address to which approved copy of this form is to be sent)**  
**Name of Authorized Transporter of Casinghead Gas** ☐ or Dry Gas ☐  
**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: \_\_\_\_\_

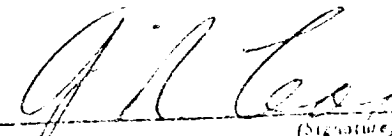
IV. **COMPLETION DATA**  
**Designate Type of Completion - (X)** ☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty.  
**Date Spudded** **Date Compl. Ready to Prod.** **Total Depth** **P.B.T.D.**  
**Elevations (DF, RKB, RT, GR, etc.)** **Name of Producing 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** (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)

**OIL WELL**  
**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 (Shot-in)** **Casing Pressure (Shot-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.  
  
Accounting Supervisor  
(Title)  
March 9, 1979  
(Date)

OIL CONSERVATION COMMISSION  
MAR 12 1979  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. 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 deviate 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 re-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 newly completed wells.

