

FILED	1
TRANSPORTER	OIL
	GAS
OPERATOR	3
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-1104  
Supersedes OCS-1104 and OCS-1104  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**  
ARCO Oil and Gas Company, Division of Atlantic Richfield Company  
Address: 1860 Lincoln St., Suite 501, Denver, Colorado 80295

Reason 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. Pool Name, including Formation 164 Horseshoe Gallup	Kind of Lease State, Federal or Fee	Lease No. Fed. 14-08-0001-8200
Location: Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>East</u>			
Line of Section <u>27</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 Injection 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 Res't.	Diff. Res't.
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			

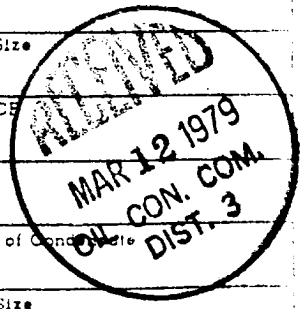
**TUBING, CASING, AND CEMENTING RECORD**

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 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-Bbla.	Water-Bbla.	Gas-MCF



**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	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]*  
 Assistant Supervisor  
 (Title)

March 8, 1979  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 12 1979, 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 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 complete.  
 Separate Forms C-104 must be filed for each pool in multi-completed wells.