

FILE		REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-111 Effective 1-1-83	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
ARCO Oil and Gas Company, Division of Atlantic Richfield Company					
Address					
P.O. Box 5540, Denver, Colorado 80217					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Horseshoe Gallup Unit		147		Horseshoe Gallup	
Location		Kind of Lease		Lease No.	
Unit Letter		State, Federal or Free Fed.		14-08-0001-8200	
C		635		North	
Feet From The		Line and		3245	
East		Feet From The		East	
Line of Section		Township		Range	
28		31N		16W	
San Juan		County		NMZPM	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		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	
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.	
		E		34	
		Twp.		Rge.	
		31N		16W	
If this production is commingling 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 Same Restv. Diff. Restv.					
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (DF, 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	
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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
GAS WELL					
Actual 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)	
				Choke 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 above 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 _____, 19 _____					
BY Original Signed by FRANK T. CHAVEZ					
TITLE SUPERVISOR DISTRICT #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 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 recompleted 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 condition.					
Separate Forms C-104 must be filed for each pool in multiple.					