OFFICE		
PORTER	OIL	
	GAS	
LTOR		
LATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO Oil and Gas Company, Division of Atlantic Richfield Company

O. Box 5540, Denver, Colorado 80217

(s) for filing (Check proper box)

- [ ] New Well
- [ ] Completion
- [ ] Change in Ownership

Change in Transporter of:

- Oil [X] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

ge of ownership give name
dress of previous owner

RIPTION OF WELL AND LEASE

Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
rseshoe Gallup Unit	71	Horseshoe Gallup	State, Federal or Fee Fed.	14-08-0001-8200

on

t Letter F : 1652 Feet From The North Line and 1827 Feet From The West

e of Section 14 Township 31N Range 17W , NMPM, San Juan County

GNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
INIZA 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)

l produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	30	31N	16W		

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

PLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
orations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

T 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)

WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
ual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

RECEIVED APR 1 1982 OIL CON. COM. DIST. 3

S WELL

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

RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given ve 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, 19

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 deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi