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	GAS
OPERATOR	2
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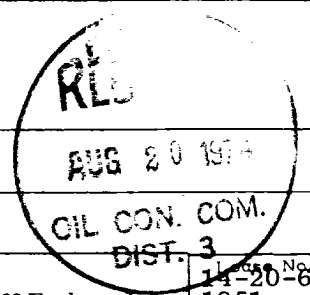
NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

B.K

Operator Atlantic Richfield Company	
Address P. O. Box 2197, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner



II. DESCRIPTION OF WELL AND LEASE

Lease Name Horseshoe Gallup Unit	Well No. 282	Pool Name, Including Formation Horseshoe Gallup	Kind of Lease State, Federal or Fee Federal	No. 14-20-604-1951
Location Unit Letter E, 1975 Feet From The North Line and 890 Feet From The West Line of Section 28 Township T31N Range R16W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 1215 S. Lake Ave., Farmington, N.M. 87401					
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 K	Sec. 32	Twp. T31N	Rge. R16W	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/18/74	Date Compl. Ready to Prod. 8/16/74		Total Depth 1561 RKB		P.B.T.D. 1525 RKB			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Gallup		Top Oil/Gas Pay 1487		Tubing Depth 1515 RKB			
Perforations 1487' - 1510' 4 shot/ft.					Depth Casing Shoe 1561 RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8"		129' RKB		100 SX			
7 7/8	4 1/2"		1561' RKB		215 SX			
	2 3/8"		1515' RKB					

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 08/17/74	Date of Test 08/17/74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 67 Bbl	Oil-Bbls. 62	Water-Bbls. 5	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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)  
Production Supervisor  
(Title)  
August 19, 1974  
(Date)

OIL CONSERVATION COMMISSION  
AUG 20 1974

APPROVED \_\_\_\_\_  
Original signed by Emery C. Arnold  
BY \_\_\_\_\_  
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 deviation 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 multiply