

NO OFFICE		
TRANSPORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
Well completion ☐	Oil ☒	Dry Gas ☐
Change in Ownership ☐	Condensed Gas ☐	Condensate ☐

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Horseshoe Gallup Unit	282	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200
Unit Letter	E	1975	Feet From The North	Line and 890
Line of Section	28	Township	31N	Range 16W
			NMPM	San Juan
				County

SIGNATURE 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 Condensed Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Top	Prod.	Is gas actually connected?	When
	K	32	31N	16W		

If production is commingled 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 Res't.	Drill Res't.
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Formations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

1. WELL (Test must be after recovery of total volume of sand oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

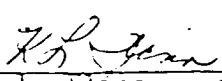
Name First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choice of
Length of Test	Tubing Pressure	Casing Pressure	Choice of
Level Prod. During Test	Oil - Bbls.	Water - Bbls.	Choice of

AS WELL

Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Choice of
Testing Method (plug back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choice of

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____
Original Signed by FRANK T. CHAVEZ
BY _____
TITLE _____

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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

