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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.

I. Operator
Atlantic Richfield Company
Address
501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 80203
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **API #30-045-21923** **14-20-603-2022**
Lease Name **Horseshoe Gallup Unit** Well No. **287** Pool Name, Including Formation **Horseshoe Gallup** Kind of Lease **Federal** Lease No.
Location
Unit Letter **E** ; **1450** Feet From The **North** Line and **1250** Feet From The **West**
Line of Section **24** Township **31N** Range **17W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent)
1215 S. Lake Ave., Farmington, New Mexico 87401
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 **0** Sec. **19** Twp. **31N** Rge. **16W** 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'v. ☐ Diff. Res'v. ☐
Date Spudded **12/4/75** Date Compl. Ready to Prod. **12/24/75** Total Depth **1622'** P.B.T.D. **1588'**
Elevations (DF, RKB, RT, GR, etc.) **5830'GL, GL-KB 10.5'** Name of Producing Formation **Gallup Fm** Top Oil, Gas Pay **1532'** Tubing Depth **1580'**
Perforations **1537-63' - 2 jet shots/foot** Depth Casing Shoe **1621'KB**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" **8-5/8"** **138.45'KB** **100 sz, cmt circ.**
7-8/8" **5-1/2"** **1621'KB** **225 sz**
2-7/8" **1580'**

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 **12/24/75** Date of Test **12/30/75** Producing Method (Flow, pump, gas lift, etc.) **Pumping - 2" bore pump, 12 - 64" SPM**
Length of Test **24 hrs** Tubing Pressure **-** Casing Pressure **-** Choke Size **-**
Actual Prod. During Test **196 bbl fluid** Oil-Bbls. **10** Water-Bbls. **186** Gas-MCF **TSTM**

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. 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.
B. J. Santan
District Drilling Supervisor
1/5/76
(Signature)
(Title)
(Date)
OIL CONSERVATION COMMISSION
JAN 7 1976
APPROVED
Original Signed by **A. R. Kendrick**
TITLE **SUPERVISOR**
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.