

REPORTING OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company
P.O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)		Other (Please explain)	
Well Completion	☐	Change in Transporter of:	
Change in Ownership	☐	Oil ☒ Dry Gas ☐	
		Costinched 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	287	Horseshoe Gallup	State, Federal or Free Fed.14-20-603-2022	

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

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. C. Box 1887 Bloomfield, NM 87413
Name of Authorized Transporter of Costinched 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	Page	Is gas actually connected?	When
	0	19	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 Bottom	Some Restr.	Diff. Restr.
Designation (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe				

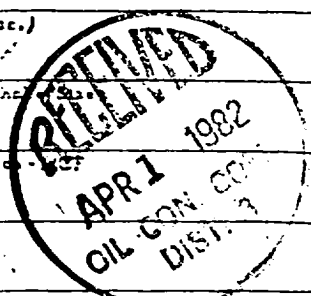
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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

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



AS WELL

Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (PSIG-in)	Casing Pressure (PSIG-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
K.L. Flinn (Signature)
Operations Information Assistant
March 24, 1982
(Date)

OIL CONSERVATION COMMISSION

APR 1 1982

APPROVED _____, 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 deepened well, this form must be accompanied by a tabulation of the deviator 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 well name or number, or transporter, or other such change of conditions.
Separate Forms C-304 must be filled for each pool in multi-