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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Pag

DISTRICT II P.O. Drawer DD, Arteria, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	1	O TRA	NSPC	RT OIL	AND NA	TURAL GA		<del></del>			
Operator ARCO Oil and Gas Company, Div. of Atlantic Richfiel							Well A		No. 3004521923		
Address 1816 E. Mojave, Farm	nington, N	ew Mexi	.co 874	01							
Resson(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casingheac	_	Transpor Dry Gas Condens		Oth	x (Piease expla	in)				
if change of operator give name and address of previous operator							·	<del></del>			
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name HORSESHOE GALLUP UNI	Well No. Pool Name, Including PUNIT 287 HORSESH				ng Formation HOE GALLUI	1	Kind of Lease State, Federal or Fee		Lease No. 14-20-603-2022		
Location Unit LetterE	_ :1	.450	_ Feet Fro	on The	ORTH Lin	and	1250 Fe	et From The	WEST	Line	
Section 24 Townsh	Township 31N Range 17W					, NMPM, SAN			UAN County		
III. DESIGNATION OF TRAN	NSPORTE	R OF O	IL ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condex	sate		i	e address so wh				out)	
GIANT TRANSPORTATION  Name of Authorized Transporter of Casinghead Gas or Dry Gas						P 0 303 256 737MINGTON, NM 87499  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	Sec.	Twp		is gas actual		When	When?			
If this production is commingled with that	from any oth	er lease or		1 EW comming		(C Dect:					
IV. COMPLETION DATA		Oil Weil	ı   c	as Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		se Compl. Ready to F		· · · · · · · · · · · · · · · · · · ·	Total Depth	<u> </u>	1	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
								:			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				· · · -				·		··	
								<u></u>	P M P	h no se	
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	il and more	t be equal to se	exceed top all	owable for the		for full 24 hos	VE	
OIL WELL (Test must be after Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)  AUG 0 6 1990					
Length of Test	Tubing Pressure				Casing Press	ure		ON DIV			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis	Water - Bbis. Gas- MCF DIST. 3					
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-m)				Casing Press	ure (Shut-in)		Choke Size	:	į	
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIAN	ICE			JOERV	ATION	DIVISIO		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION  Date Approved AUG 0 8 1990						
is true and complete to the best of my knowledge and belief.					Date Approved AUG 0 1300						
Signature COPYING	DAVID CORZINE PROD SUPERVISOR						M	0-	-ae-		
Printed Name	Title				Title	DEPUTY	OL & GA	s inspect	OR, DIST. #	3	
AUGUST 3, 1990 (505)325-7527  Date Telephone No.											

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.