

NO OFFICE				TRANSPORTER TO TRANSPORT OIL AND NATURAL GAS	
TRANSPORTER		OIL			
		GAS			
ERATOR					
ORATION OFFICE					
10101					
ARCO Oil and Gas Company, Division of Atlantic Richfield Company					
P.O. Box 5540, Denver, Colorado 80217					
Person(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)	
Well		Oil		Dry Gas	
Completion		Casinghead Gas		Condensate	
Change in Ownership					
Change of ownership give name address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Well Name		Well No.		Foot Name, Including Formation	
Horseshoe Gallup Unit		290		Horseshoe Gallup	
				Kind of Lease	
				State, Federal or Free Fed. 14-08-0001-8201	
Section					
Unit Letter		M		312	
		Feet From The		South	
		Line and		323	
		Feet From The		West	
Line of Section		33		Township	
		31N		Range	
		16W		, N.M.P.M.	
		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 Casinghead 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.	
		K		32	
		Top		31N	
		Poe.		16W	
		Is gas actually connected?		When	
This 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	
		Some Restr.		Dill Rest.	
The Spudded		Done Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Fractures (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
				Tubing Depth	
Casinghead				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
TEST DATA AND REQUEST FOR ALLOWABLE					
1. WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed 100 gal. or be for full 24 hours)					
The First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Gross Prod. During Test		Oil - Bbls.		Water - Bbls.	
AS WELL					
Gross Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF	
				Gravity of Condensate	
Testing Method (flow, back pr.)		Tubing Pressure (Start-End)		Casing Pressure (Start-End)	
				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 Operations Information Assistant March 24, 1982					
OIL CONSERVATION COMMISSION APR 1 1982 APPROVED 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 device 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 1, II, III, and VI for changes of well name or number, or transporter, or other such change of data. Separate Form C-204 must be filled for each pool in well.					