

FILE		U.S.C.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE	
ARCO Oil and Gas Company, Division of Atlantic Richfield Company															
P.O. Box 5540, Denver, Colorado 08217															
Reason(s) for filing (Check proper box)															
New Well				Change in Transporter of:				Other (Please explain)							
Recompletion				Oil				Dry Gas							
Change in Ownership				Casinghead Gas				Condensate							
If change of ownership give name and address of previous owner															
DESCRIPTION OF WELL AND LEASE															
Lease Name				Well No.		Pool Name, including Formation				Kind of Lease				Lease No.	
Horseshoe Gallup Unit				140		Horseshoe Gallup				State, Federal or Fee Fed. 14-08				0001-8200	
Location															
Unit Letter 0 : 990 Feet From The South Line and 1650 Feet From The East															
Line of Section 5 Township 30N Range 16W, NMPM, San Juan County															
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS															
Name of Authorized Transporter of Oil								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								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 J		Sec. 4		Twp. 30N		Rge. 16W		Is gas actually connected? When			
If 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 Same Rest. Diff. Rest.															
Date Spudded				Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)				Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations												Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD															
HOLE SIZE				CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
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				Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Test				Tubing Pressure				Casing Pressure				Casing Size			
Actual Prod. During Test				Oil-Bbls.				Water-Bbls.				Casing Size			
GAS WELL															
Actual Prod. Test-MCF/D				Length of Test				Bbls. Condensate/MXCF				Gravity of Condensate			
Testing Method (pilot, back pr.)				Tubing Pressure (psia-in)				Casing Pressure (psia-in)				Casing 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 (Signature)															
Operations Information Assistant															
March 24, 1982 (Date)															
OIL CONSERVATION COMMISSION															
APPROVED APR 1 1982															
Original Signed by FRANK T. CHAVEZ															
BY 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 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.															
Separate Forms C-104 must be filled for each pool in multiple.															