

TRANSPORTER	OIL	
	GAS	
ERATOR		
DRATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

ion(s) for filing (Check proper box)	Other (Please explain)
Well ☐	
Completion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☒ Gas ☐	
Coasting Gas ☐ Dry Gas ☐	
Condensate ☐	

ange of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Horseshoe Gallup Unit	247	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200

Well Letter K : 1673 Feet From The South Line and 1628 Feet From The West

Line of Section 3 Township 30N Range 16W , NM San Juan County

IGNATION 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 Coasting Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Top	Prod.	Is gas actually connected?	When
	J	4	30N	16W		

Is production commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

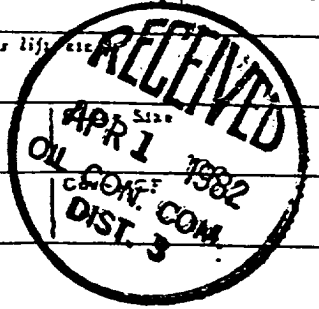
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Bottom	Scale Resin	Drill Resin
Spudwell	Done	Complete	Ready to Prod.	Total Depth	P.B.T.D.			
Sections (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Sections			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL (Test must be after recovery of total volume of lost 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.



S WELL

Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

RTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

K.L. Flinn
K.L. Flinn (Signature)
Operations Information Assistant
(Title)

March 24, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982
Original Signed by FRANK T. CHAVEZ
BY
TITLE SUPERVISOR DISTRICT #3

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 level 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 Form 0002 must be filled for each pool in new well.