

TRANSPORTER	OIL	
	GAS	
ERATOR		
ORATION 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	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Condensed Gas	☐
		Dry Gas	☐
		Condensate	☐

Change of ownership give name
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	249	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-820

Unit Letter	I	1810 Feet From The	South Line and	760 Feet From The	East
Line of Section	3	Township	30N	Range	16W
				N.M.P.M.	San Juan

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 Condensed 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	Pos.	Is gas actually connected?	When
	E	34	31N	16W		

If production is commingled with that from any other lease or pool, give commingling order number.

COMPLETION DATA

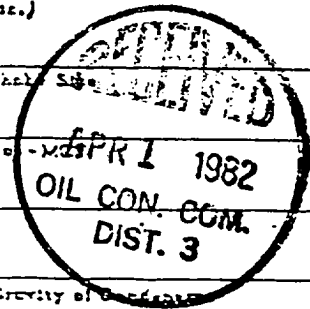
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Bottom	Scale Restr.	Drill Re
Is Spudded	Done Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Sections (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Sections					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

Test Well	(Test must be after recovery of total volume of load oil and must be equal to or exceed top site 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	Choke Size
Level Prod. During Test	Oil-Shell	Water-Shell	Co-



AS WELL	Length of Test	Shell. Condensate/MWCF	Gravity of Condensate
Producing Method (pump, back pr.)	Tubing Pressure (PSIG-14)	Casing Pressure (PSIG-14)	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.

R.L. Flinn
R.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 deep well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all new and recompleting wells.
Fill out only Sections 1, 2, 10, and 11 for changes of well name or number, or transporter, or other such change of completion.
Separate forms must be filled for each pool in