NO. OF COPIES EFFECTIVE		13	
DISTRIBUTION			
SAUTA FE			
FILE		17	
U.S.G.S,			
LARD OF FIGE			
TRAUSPORTER	CIL	1.2.	
	GAS		
OPERATOR		2	
PRORATION OFFICE			
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104	
Supersedes Old C-101	and Cat
Effective talacs	orthe t

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and Co.		
	U.S.G.S.	AUTHORIZATION TO TRA	- AND ANDPORT OIL AND NATURAL			
	LARD OFFICE		ALM SILL SIC LIGIS HAT CHANG	<i>()</i> /()		
	TRANSPORTER GAS					
	OPERATOR 2	1				
I.	I. PRORATION OFFICE. Operator					
ARCO Oil and Gas Company, Division of Atlantic Richfield Company						
	1860 Lincoln Street,					
	Reason(s) for filing (Check proper box	ffective 4/1/79				
	Now Well	r formerly				
	Change in Ownership Casinghead Gas Condensate Atlantic Richfield Company.					
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F	· · · · · · · · · · · · · · · · · · ·	Cedae 1401		
	Horseshoe Gallup Unit 243 Horseshoe Gallup State, Federal or Fee Fed. 14-08 0001-8					
	Unit Letter K ; 20	80 Feet From The South Lir	ne and 3200 Feet From	The East		
	Line of Section 4 To	wnship 3 <i>Q</i> N Range	:16W .mmpm, San	Juan County		
	Since of section		, , , , , , , , , , , , , , , , , , , ,	County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
	Shell Pipeline Company	,	Box 940, Bloomfield,			
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give eddress to which appro	oved copy of this form is to be sent)		
	Warell and war all or liquids	Unit Sec. Twp. P.ge. Is gas actually connected? When				
	If well produces oil or liquids, give lo ation of tanks.	J 4 30N 16W				
111	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
14.	Designate Type of Completion	Oll Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty,		
•	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Prote Spanded	Bute compilificacy to From	, , , , , , , , , , , , , , , , , , , ,			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		THE STATE OF A CALL OF A STATE OF THE STATE	S. A CONTROL OF A A LA			
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD  DEPTH SET	SACKS CEMENT		
٧.		OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or he for full 24 hours)	and must be equal to or exceed top allows		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Methed (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pronauto	Casing Pressum	Choke Size		
	Langue of Feat			(OFIT-1)		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbla.	Gas - MCFM		
		<u></u>		MAR 12 1979		
	GAS WELL	Length of Test	Bbls, Condenses/MMCF	Gravity of Condendate COM.		
	Actual Prod. Test-MCF/D	Cendul of Leaf	Bold, Conditional and the second	DISI. 3		
	Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure(Shut-in)	Choke Size		
		OF	MU CONSERVA	ATION - MOMMISSION		
VI.	CERTIFICATE OF COMPLIAN	OB .	MARY 12 19 19 MMISSION			
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.  BY Original Signed by A. R. K		A. R. Kendrick				
			DIST. 43			
	0.11	•	TITLE SUPERVISOR DIST. #3			
	1/4/////	f M. a	This form is to be filed in compliance with RULE 1104.  If this less request for allowable for a newly drilled or despending			
	(Sign	(Signature) well, this formmust be accompanied by a tabulation of the deviation				
	All section of this form must be filled out completely in the filled out c			ist to filled out completely for sliow-		
Manach 0 1070			able on new ad recompleted w	while on new ad recompleted wells.  Fill outcoly Sections I. II, III, and VI for changes of owner.		
			wall name assumber, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply.			
			Completed with.			