

FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS															
Operator															
ARCO Oil and Gas Company, Division of Atlantic Richfield Company															
Address															
P.O. Box 5540, Denver, Colorado 80217															
Reason(s) for filing (Check proper box)															
New Well <input type="checkbox"/>															
Recompletion <input type="checkbox"/>															
Change in Ownership <input type="checkbox"/>															
Change in Transporter of:															
Oil <input checked="" type="checkbox"/>															
Dry Gas <input type="checkbox"/>															
Casinghead Gas <input type="checkbox"/>															
Condensate <input type="checkbox"/>															
Other (Please explain)															
If change of ownership give name and address of previous owner															
DESCRIPTION OF WELL AND LEASE															
Lease Name															
Horseshoe Gallup Unit															
Well No. 131															
Pool Name, including Formation															
Horseshoe Gallup															
Kind of Lease															
State, Federal or Free Fed. 14-08-0001-8200															
Location															
Unit Letter E															
1650 Feet From The North Line and 990 Feet From The West															
Line of Section 5															
Township 30N															
Range 16W															
N.M.P.M. San Juan															
County															
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS															
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>															
CINIZA Pipe Line Co., Inc.															
Address (Give address to which approved copy of this form is to be sent)															
P. O. Box 1887 Bloomfield, NM 87413															
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>															
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 <input type="checkbox"/>															
Gas Well <input type="checkbox"/>															
New Well <input type="checkbox"/>															
Workover <input type="checkbox"/>															
Deepen <input type="checkbox"/>															
Plug Back <input type="checkbox"/>															
Same Res't. <input type="checkbox"/>															
Diff. Res't. <input type="checkbox"/>															
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															
Actual Prod. During Test															
Oil-Bbls.															
Water-Bbls.															
GAS WELL															
Actual Prod. Test-MCF/D															
Length of Test															
Bbls. Condensate/MCF															
Gravity															
Testing Method (pilot, back pr.)															
Tubing Pressure (Start-In)															
Casing Pressure (Start-In)															
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															
APPROVED															
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 deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.															
All sections of this form must be filled out completely for all able on new and recompleted wells.															
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit															
Separate Forms C-104 must be filed for each pool in multi															