

U.S.C.S.		AND		EFFECTIVE 1-1-83	
LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		OIL			
OPERATOR		GAS			
PRODUCTION 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)		Change in Transporter of:		Other (Please explain)	
New Well	☐	Oil	☒	Dry Gas	☐
Recompletion	☐	Condensate	☐	Condensate	☐
Change in Ownership	☐				
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	198	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200	
Location					
Unit Letter	K	1980 Feet From The	South	Line and	3300 Feet From The
Line of Section	33	Township	31N	Range	16W
			N.M.P.M.	San Juan	County
DESIGNATION 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 Condensate ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)			
Does well produce oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		E	34	31N	16W
Is gas actually connected? When					
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
		☒	☐	☐	☐
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Deviation (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 lead 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.	Gas-Bbls.		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-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 all wells 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 condition.					