

U.S.C.S.		AND		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
Petitioner					
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		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
Change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
Horseshoe Gallup Unit		37		Horseshoe Gallup	
Kind of Lease		Lease No.			
State, Federal or Free		Fed.14-08-		0001-8200	
Location					
Unit Letter		A		660 Feet From The North Line and 417 Feet From The East	
Line of Section		32		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 Casinghead Gas		or Dry Gas		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		Sec.	
		K		32	
		Twp.		Rge.	
		31N		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		Gas Well	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations		Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
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	
Testing Method (pilot, back pr.)		Tubing Pressure (Start-In)		Casing Pressure (Start-In)	
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					
BY Original Signed by FRANK T. CHAVEZ					
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 deviated 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.					
Separate Form C-104 must be filled for each pool in multi-					