

OFFICE		
EXPORTER	OIL	
	GAS	
EXPORTER		
EXPORTER OFFICE		

RCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Type of well (Check proper box)		Other (Please explain)	
Oil	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Condensed Gas	☐
		Dry Gas	☐
		Condensate	☐

Name of owner 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	46	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200

Well Letter I : 1980 Feet From The South Line and 660 Feet From The East

Line of Section 30 Township 31N Range 16W, N.M.P.M. San Juan County

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)
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Well produces oil or liquids, Location of tanks.	Unit	Sec.	Top	Pool	Is gas actually connected?	Where
	K	32	31N	16W		

Is 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 Resin	Drill Resin
Spud Date	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Wellbore (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Casing					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL

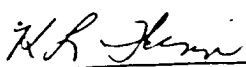
First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Casing Size	
Level Prod. During Test	Oil-5bls.	Water-5bls.	Casing - MCF	

TEST WELL

Level Prod. Test - MCF/D	Length of Test	5bls. Condensate/MCF	Gravity of Condensate
Producing Method (pump, back pr.)	Tubing Pressure (5bls-5bls)	Casing Pressure (5bls-5bls)	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 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 APR 1 1982 APPROVED _____ 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 deep well, this form must be accompanied by a tabulation of the deviate 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 1, 2, 10, and 11 for changes of well name or number, or transportation, or other such change of conditions.
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