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LAND OF FICE				
TRANSPORTER	OIL.			
	GAS			
OPERATOR		2		
PROBATION OFFICE				

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	DISTRIBUTION		DISERVATION COMMISSION	Form C-104		
	FILE /	REQUEST I	FOR ALLOWABLE AND	Supersedes Old C-104 and C-1 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR PRORATION OFFICE			<i>*</i>		
1.	Operator		n: 1.64-13.6			
	ARCO Oil and Gas Company, Division of Atlantic Richfield Company					
1860 Lincoln Street, Suite 501, Denver, Colorado 80295 Reason(s) for filing (Check proper box) Other (Please explain) Effective 4						
	fective 4/1/79 formerly					
	Recompletion	Recompletion Dry Gos Atlantic Richfield Company.				
	Change in Ownership	Casinghead Gas Conden	sale []			
	If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE						
11.	Horseshoe Gallup Unit 121 Horseshoe Gallup State, Federal or Fee Fed. 14-08-0001-					
		863 Feet From The North Line	e andFeet From T	he East		
	25			n Juan County		
		DOD OF OW AND MATTIRAL CA	¢			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (X) or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Cus	Singhed Gds Or D.1 Gds				
	If well produces oil or liquids,	Unit Sec. Twp. Rge. P 30 31N 16W	Is gas actually connected? When			
	give location of tanks.	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
,	Designate Type of Completic					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoo		
	TUBING, CASING, AND CEMENTING ECORD					
	HOLE SIZE	TUBING, CASING, AND CASING & TUDING SIZE	DEMH SET	SACKS CEMENT		
	HOLE TIME					
V	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	ter recovery of total-wolvine of load oll and must be equal to or exceed top allo oth or be for full 24hour)			
	Date First New Oil Run To Tanks	Date of Teut	Producing Mothes (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Oil-Bile.	Water-Bbls.	Gas - MOF		
	Actual Prod. During Test	0.1.25.00		$1 - \int_{-\infty}^{\infty} \frac{1}{\sqrt{1 - \frac{1}{2}}} \frac{1}{1 - \frac{$		
	/					
	Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMC	Gravity of Ochdenaute		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shinin)	Choke Siz		
	toomy kinds in the same of the			71011 001111111111111111111111111111111		
VI	CERTIFICATE OF COMPLIAN	CE	MAR 1 2 1979			
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.		Original Signed by FRANK T. (HAVEZ				
					$A \cdot A = A$	
	1// 1/ 1/2	O MILL	This formists be filed in compliance with MULE 1104. If this in terminant for allowable for a newly drilled or despense			
		nature	well, this formatt be accompanied by a tabulation of the deviation taken onthe xoll in accordance with MULE 111.			
	Accounting Superviso)Y	All sections this form must be filled out completely for allow- able on new addressimpleted wells.			
,	March 9, 1979 March 9, 1979 Fill out oly Esections I, II, III, and VI for change of manager of transporter, or other such change.			III and VI for changes of owner		
		are)	Separate box C-104 must be filed for each pool in multiple			

Fill out oly Dactions I. II, III, and VI for changes of owner well name or make, or transporter, or other such change of conditis.

Separate I bus C-104 must be filed for each pool in multiple completed well.