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	G	AS						
	OPERATOR		2	Ī				
	PRORATION OFFICE			<u> </u>	L			
	Operator							
	ARCO Oil and Gas Compa							
į	Address							
	1860 Lincoln Street, S							
	Reason(s) for filing (Ch	(eason(s) for filing ((.heck proper box)						

	SANTA FE FILE U.S.G.S. LAND OFFICE	NEW MEXICO OIL CO REQUEST F AUTHORIZATION TO TRAI	Form C-104 Supersedes Old C-10\$ and () Elfective 1-1-65 GAS			
ı.	TRANSPORTER OIL / GAS OPERATOR Z PROGRATION OFFICE					
	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) New We:1 Change in Transporter of: Recompletion Oll Dry Gas Change in Ownership Castinghead Gas Condensate Other (Please explain) Effective 4/1/79 Assumed name for formerly Atlantic Richfield Company.					
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND I Lease Name Horseshoe Gallup Unit	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lea State, Feder	se al or Fee Fed.14-08-0507-8200		
	Location M 6	60 Feet From The South Line	660 Feet From	West		
	20	vaship 31N Range		n Juan		
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Oil M or Condensate Shell Pipeline Company		Address (Give address to which approved copy of this form is to be sent) Box 940, Bloomfield, NM 87413			
	Name of Authorized Transporter of Cas	inghead 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.	If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When give location of tanks.		hen		
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
IV.	Designate Type of Completic		New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.		
•	Date SpudJed	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 Shoe		
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
••	TEST DATA AND REQUEST F	OF ALLOWARIE (Test must be a	ofter recovery of total volume of load o	il and must be equal to or exceed top allow-		
v	OIL WELL Date First New Oil Fun To Tanks	able for this de	epth or be for full 24 hours) Producing Mathed (Flow, pump, gas			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas MCF		
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Prossure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	CE	11	/ATION COMMISSION		
	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 A. R. Kendrick			
	T. V.		TITLE STREET SOE SAVE			
	1/1/10 m		This form is to be filed in compliance with RULE 1104. If this is a recuest for allowable for a newly drilled or deepened well, this form much he accompanied by a tabulation of the deviation tests taken on the viell in accordance with MULE 111.			
	(Signature)					
	VAccounting Supervisor (Tide)		All sections of this form	must be filled out completely for allow wells.		
	March 9, 1979	late)	Fill out only inctions I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.			