

WELL OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
REGISTRATION 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)			
New Well	☐	Change in Transporter of:	Other (Please explain)
Re-completion	☐	Oil ☒	Dry Gas ☐
Change in Ownership	☐	Cost-in-kind Gas ☐	Condensate ☐
Change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Horseshoe Gallup Unit	104	Horseshoe Gallup	State, Federal or Free Fed. 14-08-0001-820
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East			
Line of Section 19 Township 31N Range 16W, NMDM, San Juan County			
SIGNATION 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 Cost-in-kind Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, give location of tanks.		Unit	Sec.
		P	30
		Top	31N
		Range	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
☒	☐	☐	☐
Deepen	Plug Back	Scale Rest.	Drill Re-
☐	☐	☐	☐
Time Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Revisions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Revisions			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)			
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Level Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
AS WELL			
Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MSCF	Gravity of Condensate
Producing Method (flow, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke 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 (Title)			
March 24, 1982 (Date)			
OIL CONSERVATION COMMISSION			
APPROVED APR 1 1982			
Original Signed by FRANK T. CHAVEZ			
BY			
TITLE SUPERVISOR DISTRICT # 3			
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 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 I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.			
Separate Forms C-104 must be filed for each pool in new well.			