

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)		Other (Please explain)	
Well Completion	☐	Change in Transporter of:	
Change in Ownership	☐	Oil ☒	Dry Gas ☐
		Coasthead 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	94	Horseshoe Gallup	State, Federal or Free Fed. 14-08-0001-8200
Unit Letter E ; 1980 Feet From The North Line and 703 Feet From The West			
Line of Section 19 Township 31N Range 16W, NMPM, San Juan County			
SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS			
Signature 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	
Signature of Authorized Transporter of Coasthead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Top
	P	30	31N 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 Bottom	Some Restr.	Drill Restr.
Done Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
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 lost oil and must be equal to or exceed top allowable 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
Overall Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.
AS WELL			
Overall Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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.		APPROVED APR 1 1982	
K.L. Flinn (Signature)		BY Original Signed by FRANK T. CHAVEZ	
Operations Information Assistant		TITLE SUPERVISOR DISTRICT # 3	
March 24, 1982 (Date)		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 device 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, II, III, and VI for changes of well name or number, or transporter or other such change of completion.	
		Separate Forms C-104 must be filled for each pool in well.	