

C.S.		
ND OFFICE		
TRANSPORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

son(s) for filing (Check proper box)	Other (Please explain)
Well ☐	
Completion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☒	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

Change 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	88	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200

Unit Letter A : 669 Feet From The North Line and 717 Feet From The East

Line of Section 24 Township 31N Range 17W , NMPW. 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 Casinghead 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.	Twp.	Range	Is gas actually connected?	When
	P	30	31N	16W		

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	Same Res'r.	Drill Res'r.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Corrections					Depth Casing Shoe			

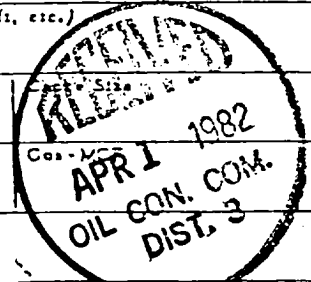
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
NEW WELL

(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)

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



AS WELL	Length of Test	5bls. Condensate/MSCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-1a)	Casing Pressure (Start-1a)	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
K.L. Flinn (Signature)
Operations Information Assistant
(Title)

March 24, 1982

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982, 19
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 devils
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a
table on new and recompleted wells.
Fill out only Sections 1, 2, 10, and 11 for changes of oil
well name or number, or transporter, or other such change of cond