D OFFICE			
NSPORTER	OIL		
	GAS		
RATOR			
RATION OFFICE			

ator

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

ess

P.O. Box 5540, Denver, Colorado 80217

on(s) for filing (Check proper box)

Well ☐
Completion ☐
ge in Ownership ☐

Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

nge of ownership give name
ddress of previous owner

CRIPTION OF WELL AND LEASE

e Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Horseshoe Gallup Unit	84	Horseshoe Gallup	State, Federal or Fee Fed.	14-08-0001-8200

ation

Unit Letter	Feet From The	Line and	Feet From The
A	585 East		660 North

Line of Section	Township	Range	NMPM,	County
23	31N	17W		San Juan

IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

e 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
e of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

ell produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	30	31N	16W		

s production is commingled with that from any other lease or pool, give commingling order number:

PLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
ervations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must not exceed top allowable for this depth or be for full 24 hours)

WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
ual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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DIST. 3

S WELL

ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given ve 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, 19
BY Original Signed by FRANK T. CHAVEZ
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 devi tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter or other such change of cond