

OFFICE			
TRANSPORTER	OIL		
	GAS		
RATOR			
RATION OFFICE			

RCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Check proper box for filing (Check proper box)

Well	☐	Change in Transporter of:		Other (Please explain)	
Completion	☐	Oil	☒	Dry Gas	☐
Change in Ownership	☐	Consolidated 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	83	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200

Section 13 Township 31N Range 17W, N.M.P.M. San Juan County

Distance Letter 0 : 660 Feet From The South Line and 1980 Feet From The West

Section 13 Township 31N Range 17W, N.M.P.M. San Juan County

ORIGINATOR 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 Consolidated Gas	☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Top	Pop.	Is gas actually connected?	When
	P	30	31N	16W		

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 Rest.
Spudded	Done 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			
Casing				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL

(Test must be after recovery of total volume of lost oil and must be equal to or exceed 10% 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.)	
End of Test	Tubing Pressure	Casing Pressure	Check
Well Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

NEW WELL

Well Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (ft.-lb)	Casing Pressure (ft.-lb)	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 is true and complete to the best of my knowledge and belief.

K.L. Flinn
K.L. Flinn (Signature)
Operations Information Assistant
March 24, 1982 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 5

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 deviated tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-204 must be filled for each pool in multi-

