

OFFICE		
TRANSPORTER	OIL	
	GAS	
RATOR		
RATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)

Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Condensate Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

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

Well Letter G : 1854 1845 Feet From The North Line and 2108 Feet From The East

Line of Section 14 Township 31N Range 17W, NMPM, 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)
MINIZA Pipe Line Co., Inc.	P. O. Box 1887, Bloomfield, NM 87413

Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
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Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	P	30	31N	16W		

If 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 Restr.	Diff. Restr.
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Spudded	Done Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Formations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Formations	Depth Casing Shoe
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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 load 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
Total Prod. During Test	Oil - Bbls.	Water - Bbls.

TEST WELL

Fluid Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (PSI-in)	Casing Pressure (PSI-in)	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

March 24, 1982

(Date)

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 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 I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.

