C.S.		
D OFFICE		
NSPORTER	OIL	
	GAS	
ERATOR		
DRATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☐
- ompletion ☐
- nge in Ownership ☐

Change in Transporter of:

- Oil ☒
- Dry Gas ☐
- Casinghead Gas ☐
- Condensate ☐

Other *(Please explain)*

ange of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Horseshoe Gallup Unit	68	Horseshoe Gallup	Fed.	14-08-0001-8200

ction

Unit Letter D ; 667 Feet From The North Line and 820 Feet From The West

Line of Section 14 Township 31N Range 17N , NMPM, San Juan County

SIGNATION 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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	30	31N	16W		

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

MPLETION DATA

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

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

EST DATA AND REQUEST FOR ALLOWABLE

(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)

L WELL

Date 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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AS WELL

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

ERTIFICATE OF COMPLIANCE

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
(Title)
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 deviation 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 owner, well name or number, or transporter, or other such change of condition.