

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

Address
P.O. Box 5540, Denver, Colorado 80217

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

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Horseshoe Gallup Unit	Well No. 163	Pool Name, including Formation Horseshoe Gallup	Kind of Lease State, Federal or Free Fed.14-08-	Lease No. 0001-8200
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Location	Unit Letter K	1800 Feet From The South Line and 2080 Feet From The West
Line of Section 27	Township 31N	Range 16W, N.M.P.M. San Juan County

DESIGNATION 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)
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If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 31N	Rge. 16W	Is gas actually connected?	When
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If 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.	Diff. Res'r.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

CERTIFICATE 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
K.L. Flinn (Signature)
Operations Information Assistant

March 24, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1982, 19

Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 7

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 all
able on new and recompleted wells.

Fill out only Sections 1, 2, 10, and 11 for changes of
well name or number, or transporter, or other such change of condi
tion. Form 1004 must be filed for each pool in the