---- 1 しゃ ふししじゅんろしと FILE Ellective 1-1-65 AND U.S.C.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER CAS DPERATOR PROBATION OFFICE Chetaiot ARCO Oil and Gas Company, Division of Atlantic Richfield Company P.O. Box 5540, Denver, Colorado 80217 Reason(s) for filing (Check proper box) Other (Please explain) New West Recompletion X 0:1 Dry Cas Change In Ownership Cosinghed Gos Condensate If change of ownership give name and address of previous owner ____

DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, including Formation Lecse No. State, Federal or Fee Fed. Horseshoe Gallup Unit 151 Horseshoe Gallup 14-08-0001-8200 0001100 660 North 1980 Unit Letter Line end Feet From The Feet From The 31N Line of Section 16W Township Renge , NMPN, San Juan County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil [X] 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 Costinghead Gas 🔲 - at Dry Gas 🗔 hidress (Give address to which approved copy of this form is to be sent) Unit E P.o.e. 16W When 34 31N Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA 1 O11 Well New Well Ges Well Some Resty, Diff. Rest Designate Type of Completion - (X) Dete Soudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevelions (DF. RKB. RT. CR. etc.; Name of Producing Formation Top OU/Cas Per Tubing Depth Perforctions Depth Cesting Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE . (Test must be efter recovery of total volume of load oil and must be equal to or exceed top ellow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Dete of Test Tubing Pressure Casing Pressure Length of Test Voiet - 5512. Actual Prod. During Test Cu-Bble. DIST GAS WELL Letus Pipa. Tost-MCF/D Length of Test Ella. Contenacto/AMCF Grevity of C Costno Pressure (Shet-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shint-in) OIL CONSERVATION COMMISSION APR 1 1982 CERTIFICATE OF COMPLIANCE APPROVED hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given some is true and complete to the best of my knowledge and belief. Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT 第 3 This form is to be filed in compliance with RULE 1104. (Signature)

If this is a request for allowable for a newly drilled or despen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. Operations Information Assistant All sections of this form must be fulled out completely for allowable on new and recompleted wells. (Title) March 24, 1982 Fill out only Sections 1. II. III. and VI for changes of owne Il name or number, or transporter, or other such change of conditio (Deie) Separate Forms C-104 must be filed for each pool in multip