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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Atlantic Richfield Company</b>	
Address <b>501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 80203</b>	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Horseshoe Gallup Unit</b>	Well No. <b>293</b>	Pool Name, including Formation <b>Horseshoe Gallup</b>	Kind of Lease <b>Federal</b>	Lease No. <b>14-20-603-734</b>
Location				
Unit Letter <b>"C"</b>	<b>1260</b>	Feet From The <b>North</b>	Line and <b>1470'</b>	Feet From The <b>West</b>
Line of Section <b>30</b>	Township <b>31N</b>	Range <b>16W</b>	, NMPM, <b>San Juan</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>1215 S. Lake Ave., Farmington, New Mexico 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>30</b>
	Twp. <b>31N</b>	Rge. <b>16W</b>
	Is gas actually connected? When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>7/25/76</b>	Date Compl. Ready to Prod. <b>8/10/76</b>		Total Depth <b>1500'</b>		P.B.T.D. <b>1470'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5625'GL; 5636'KB</b>	Name of Producing Formation <b>Gallup</b>		Top Oil/Gas Pay <b>Fm. 1418', Perfs 1424'</b>		Tubing Depth <b>1439' btm pump</b>			
Perforations <b>1424-36', 2 jet shots/foot</b>					Depth Casing Shoe <b>1500'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8" OD 24#</b>		<b>140' KB</b>		<b>120 sx</b>			
<b>7-7/8"</b>	<b>5-1/2" OD 14#</b>		<b>1500' KB</b>		<b>225 sx</b>			

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>8/12/76</b>	Date of Test <b>8/13-14/76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping, 2 1/2 x 2 1/4 tbg pump, 14 - 64" SPM</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>392 BF</b>	Oil-Bbls. <b>54</b>	Water-Bbls. <b>338</b>	Gas-MCF <b>TSTM</b>

GAS WELL

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

VI. 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.

M. E. Brown  
(Signature)

Operns. Info., Asst.

August 18, 1976

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 23 1976, 19

BY FIELD, SIGNED BY A. L. GARDNER

TITLE MANAGER, FIELD

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.

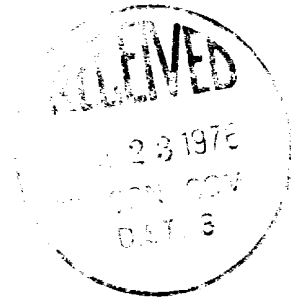
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Horseshoe Gallup Unit, Well No. 293  
Unit "C" - 1260' f/North & 1470' f/West lines  
Section 30-31N-16W  
San Juan County, New Mexico

DEVIATION TESTS:

1/4° @ 122'  
1/4° @ 422'  
1/2° @ 750'  
1/2° @ 1050'  
1° @ 1331'  
1° @ 1500'



AFFIDAVIT

This is to certify that to the best of my knowledge the above tabulation details the deviation tests taken on Atlantic Richfield Company's Horseshoe Gallup Unit, Well No. 293, located 1260' from the North line and 1470' from the West line of Section 30-31N-16W, San Juan County, New Mexico.

M. E. Brown  
M. E. Brown

State of Colorado )  
                          ) SS  
County of Denver )

Before me, the undersigned authority, on this day personally appeared M. E. Brown, known to me to be the Operations Information, Assistant for Atlantic Richfield Company, and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein, and that said statement is true and correct.

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 18th day of August, 1976.

Lester H. Nielsen  
Notary Public

My Commission Expires: October 9, 1977