

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)

Well Completion	☐	Change in Transporter of:	
Change in Ownership	☐	Oil	☒
		Condensed 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	262	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200

Unit Letter C : 490 Feet From The North Line and 2131 Feet From The West

Line of Section 9 Township 30N Range 16W N.M.P.M. 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)
CINIZA Pipe Line Co., Inc.	P. O. Box 1887 Bloomfield, NM 87413

Name of Authorized Transporter of Condensed 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, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	4	30N	16W		

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 Seal Some Restr. Drill Restr.

Is Spudded	Done Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Sections (DF, RKB, RT, CR, 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

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
1. WELL

(Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

One First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Initial Prod. During Test	Oil-5bbl.	Water-5bbl.

2. AS WELL

Initial Prod. Test-MCF/D	Length of Test	5bbl. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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

(Title)

(Date)

OIL CONSERVATION COMMISSION

APR 1 1982

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE SUPERVISOR DISTRICT # 3

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 deviate 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 own well name or number, or transporter, or other such change of conditions. Complete Form for new wells and for wells that are not to be recompleted.