

REGISTRATION 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	☒
		Coastline 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	257	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200

Location

Unit Letter N : 330 Feet From The South Line and 1650 Feet From The West

Line of Section 3 Township 30N Range 16W, NMPM San Juan County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
MINIZA Pipe Line Co., Inc.	P. O. Box 1887 Bloomfield, NM 87413

Signature of Authorized Transporter of Coastline 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.	Range	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)

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Wellbore (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Information	Depth Casing Shoe
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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
IN 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.)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
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Length of Test	Tubing Pressure	Casing Pressure
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Level Prod. During Test	Oil-Bbls.	Water-Bbls.
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AS WELL

Level Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gross Prod. Condensate
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Testing Method (flow, back pr.)	Tubing Pressure (PSI-in)	Casing Pressure (PSI-in)	Choke Size
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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

K.L. Flinn (Signature)
Operations Information Assistant

March 24, 1982

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 1, 2, 10, and 11 for changes of own well name or number, or transporter, or other such change of condition.

