

FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER		OPERATOR		PRODUCTION OFFICE	
						OIL					
						GAS					
Request for Allowable AND 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)											
New Well		Change in Transporter of:		Other (Please explain)							
Recompletion		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		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.			
Horseshoe Gallup Unit		138		Horseshoe Gallup		State, Federal or Free Fed. 14-08		0001-8200			
Location											
Unit Letter		I		1980		Feet From The		South		Line and 740 Feet From The East	
Line of Section		5		Township		30N		Range		16W, N.M.P.M., San Juan County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		CINIZA Pipe Line Co., Inc.		Address (Give address to which approved copy of this form is to be sent)							
				P. O. Box 1887 Bloomfield, NM 87413							
Name of Authorized Transporter of Casinghead Gas				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		Sec.		Twp.		Rge.		Is gas actually connected? When	
		J		4		30N		16W			
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	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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 allowable 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-Bbls.					
GAS WELL											
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate					
Testing Method (pilot, back pr.)		Tubing Pressure (Start-In)		Casing Pressure (Start-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 (Date)											
OIL CONSERVATION COMMISSION											
APPROVED APR 1 1982											
BY Original Signed by FRANK T. CHAVEZ											
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 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 completed 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. Separate Forms C-104 must be filed for each pool in multiphase.											