

OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

FOR 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)		Other (Please explain)	
Well Completion	<input type="checkbox"/>	Change in Transporter of Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Costinched Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Change of ownership give name and 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	243	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-820

Unit Letter K : 2080 Feet From The South Line and 3200 Feet From The East Line of Section 4 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Costinched Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Top	Range	Is gas actually connected?	When
	J	4	30N	16W		

If 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 Bottom	Some Restr.	Drill New
Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.					
Wellbore (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Remarks			Depth Casing Shoe					

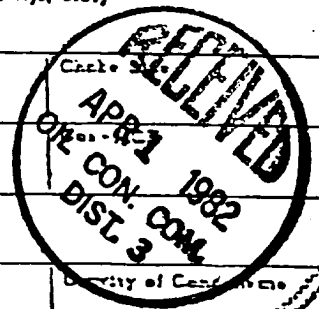
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL

(Test must be after recovery of total volume of lost oil and must be equal to or exceed top of well 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
Total Prod. During Test	CU-Ebbl.	Water-Ebbl.



AS WELL

Producing Method (plug, back pr.)	Length of Test	Ebbl. Cementation/MCF	Quantity of Cement
Producing Method (plug, back pr.)	Tubing Pressure (PSI-in)	Casing Pressure (PSI-in)	Choice Ebbl.

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
 (Title)
 March 24, 1982
 (Date)

OIL CONSERVATION COMMISSION

APR 1 1982

APPROVED _____
 BY Original Signed by FRANK T. CHAVEZ
 SUPERVISOR DISTRICT # 3
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the level tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for a well on new and recompleted wells.
 Fill out only Sections I, II, III, and V for changes of a well name or number, or transporter, or other such change of content.