

REPORTER	OIL	
	CAS	
RATOR		
RATION OFFICE		

RCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Units for filing (Check proper box)

Well	☐	Change in Transporter of:
Completion	☐	Oil ☒ Dry Gas ☐
Change in Ownership	☐	Consolidated 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	237	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200

Well Letter G : 2310 Feet From The North Line and 2265 Feet From The East

Line of Section 3 Township 30N Range 16W , NM 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 Consolidated Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, Location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	E	34	31N	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 Restr.

Spud Date	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Methods (DF, RKB, RT, CR, etc.)	Neat of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Sections			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 load oil and must be equal to or exceed top oil able 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.)
Length of Test	Tubing Pressure	Casing Pressure
Level Prod. During Test	Oil - Bbls.	Water - Bbls.

TEST WELL

Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pump back pr.)	Tubing Pressure (PSI-12)	Casing Pressure (PSI-12)	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 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 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 deep well, this form must be accompanied by a tabulation of the device 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 recompleting wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transportation or other such change of completion. Section IV must be filled out for each pool in new