

O.C.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
WELL OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
REGISTRATION OFFICE			
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	Change in Transporter of:		
Change in Ownership	Oil ☒ Dry Gas ☐		
	Coasthead Gas ☐ Condensate ☐		
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
Horseshoe Gallup Unit	241	Horseshoe Gallup	State, Federal or Free Fed. 14-08-0001-820
Location			
Unit Letter	G	1860 Feet From The North Line and 1840 Feet From The East	
Line of Section	2	Township 30N Range 16W, NMPM 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 Coasthead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	E	34	31N
			16W
Is gas actually connected? When			
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 Back
			Some Restr.
			Diff. Res.
Name Spudded	Done Compl. Ready to Prod.	Total Depth	F.B.T.D.
Revisions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Revisions			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE (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)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Casing Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
AS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod.)	Tubing Pressure (Start-to)	Casing Pressure (Start-to)	Casing 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 (Title)			
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 deep well, this form must be accompanied by a tabulation of the dev 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, E, III, and VI for changes of well name or number, or transporter, or other such change of conditions.			