

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 Ownership ☐	
Change in Transporter of: Oil ☒ Gas ☐	
Costinhood 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	Lease No.
Horseshoe Gallup Unit	224	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-820
Well Letter	C	990 Feet From The North Line and 1880 Feet From The West		
Line of Section	3	Township 30N	Range 16W	N.M.P.M. San Juan County

SIGNATION 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 Costinhood 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.	Top	Prod.	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 Back	Scale Rehy.	Drill Rehy.
Spud Date	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Locations					Depth Casing Shoe			

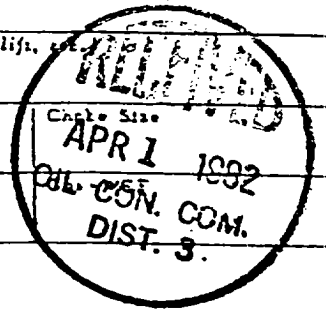
TUBING, CASING, AND CEMENTING RECORD

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 test oil and must be equal to or exceed 10% of total volume 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
Prod. Prod. During Test	Oil - Bbls.	Water - Bbls.



SHUT-IN WELL

Prod. Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pump, back prod.)	Tubing Pressure (Static - lb)	Casing Pressure (Static - lb)	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
(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 devils 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 I, II, III, and VI for changes of well name or number, or transporter, or other such change of completion.