

TRANSPORTER	OIL	
TRANSPORTER	GAS	
OPERATOR		
OPERATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Well	☐	Change in Transporter of:		Other (Please explain)
Completion	☐	Oil	☒	Dry Gas
Change in Ownership	☐	Condensed Gas	☐	Condensate

Range 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	222	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200

Unit Letter A ; 610 Feet From The North Line and 1050 Feet From The East

Line of Section 4 Township 30N Range 16W , N.M. 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 Condensed Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
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Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	E	34	31N	16W		

Is production being 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 ☐ Sand Restr. ☐ Drill Restr.

Is Spud? ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D. ☐

Sections (DF, RKB, RT, CR, etc.) ☐ Name of Producing Formation ☐ Top Oil/Gas Pay ☐ Tubing Depth ☐

Sections ☐ Depth Casing Shoe ☐

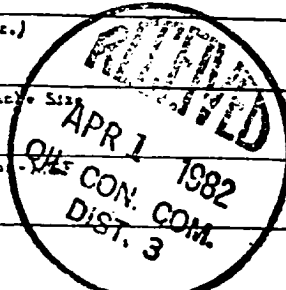
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

Is First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Depth of Test	Tubing Pressure	Casing Pressure
Overall Prod. During Test	Oil - Bbls.	Water - Bbls.



IS WELL

Overall Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Setting Method (pump, back pr.)	Tubing Pressure (Start-to)	Casing Pressure (Start-to)	Cable 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.

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982
Original Signed by FRANK T. CHAVEZ
BY _____
TITLE SUPERVISOR DISTRICT #3

K.L. Flinn (Signature)
Operations Information Assistant

March 24, 1982

(Date)

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 flow 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 1, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.