

FILE		AND		FOR ALLOWABLE		OIL CON. COM. DIST. 3	
U.S.C.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
AND OFFICE							
TRANSPORTER		OIL		GAS			
OPERATOR							
PRODUCTION OFFICE							
Operator							
ARCO Oil and Gas Company, Division of Atlantic Richfield Company							
Address							
P.O. Box 5540, Denver, Colorado 80217							
Reason(s) for filing (Check proper box)							
New Well		Change in Transporter of:		Other (Please explain)			
Recompletion		Oil		Dry Gas			
Change in Ownership		Casinghead Gas		Condensate			
Change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.		Pool Name, including Formation		Kind of Lease	
Horseshoe Gallup Unit		129		Horseshoe Gallup		State, Federal or FeeFed. 14-08	
Location						Lease No. 0111-8200	
Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East							
Line of Section 5 Township 30N Range 16W N.M.P.M. San Juan County							
DESIGNATION 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 Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.		Unit K		Sec. 32		Twp. 31N	
						Rge. 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	
						Same Res'r.	
						Diff. Res'r.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations						Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)							
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test		Tubing Pressure		Casing Pressure		Choke	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF	
GAS WELL							
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Start-In)		Casing Pressure (Start-In)		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 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
All sections of this form must be filled out completely for allowable on new and recompleted wells.							
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.							
Separate Forms C-104 must be filed for each pool in multiple.							