

OFFICE		
TRANSPORTER	OIL	
	GAS	
DRATOR		
DRATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

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

Age 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	1	Horseshoe Gallup	State, Federal or Free	Fed. 14-08-0001-8200

Well Letter	P	660	Feet From The	South	Line and	417	Feet From The	East
Line of Section	32	Township	31N	Range	16W	N.M.P.M.	San Juan	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) 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 Condensate Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, a location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	K	32	31N	16W		

Is production 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 Rest.
Spud Date	One Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Wellbore (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

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

AS WELL

Fluid Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (Flow, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	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

March 24, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982

BY

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 device 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 1, 2, 10, and 11 for changes of well name or number, or transporter, or other such change of com.