

C.S.		
ND OFFICE		
NSPORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

son(s) for filing (Check proper box)

Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change 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	200	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200

Unit Letter	I	1980	Feet From The	South	Line and	660	Feet From The	East
Line of Section	33	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 ☒ 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)
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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		

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't.	Diff. Res't.
One Spudded	One 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							

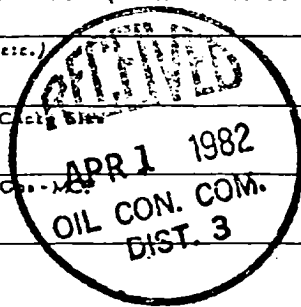
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MSCF	Gravity of Condensate
Testing Method (plot, 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.

OIL CONSERVATION COMMISSION

APR 1 1982

APPROVED _____, 19

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 devils
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able 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 condi:

K.L. Flinn

K.L. Flinn (Signature)

Operations Information Assistant

(Title)

March 24, 1982