Subsuit 5 Copi.s
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Retiem of Page

DISTRICT II P.O. Drawer DD, Assesia, NM \$8210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Beazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARCO DIL AND GAS COMPANY, DIV. OF ATLANTIC RICHFIELD CO.								Well API No. 3004510200			
Address 1816 E. MOJAVE, FARMI	NGTON,	NEW ME	EXICO	87401			•				
Resean(s) for Filing (Check proper bax) New Well Recompletion Change in Operator	Oil Casinghea		Transpo Dry Ge Condes	• 🗆		x (Please expla	·				
if change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA		1				T :			<del></del>	
Loss Name HORSESHOE GALLUP UNIT		Well No. Pool Name, Includin 51 HORSESH			ng Formation IOE GALLI	JP		Kind of Lease State, Federal or Fee 14-20-603-734			
Location Unit LetterE	1980		_ Foot Fr	NC	ORTH Line	66		et From The	WEST	Line	
Section 32 Townsh	ip 31N Range 16W			, NAMPM, SA			JUAN County				
III. DESIGNATION OF TRAN	SPORTE			D NATU			····				
Name of Authorized Transporter of Oil  or Condensate					Address (Give address to which approved copy of this form is to be sent) P 0 BOX 4289, FARMINGTON, NM 87401						
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 trades.	Unit K	Sec.   Tv		Rge.	Is gas actually connected?		When	When ?			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve commingl	ing order aumi	<b>XET</b> :					
Designate Type of Completion	- (X)	Oil Weil	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready to	o Prod.		Total Depth			P.B.T.D.	<b>L</b>		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				į			Depth Casi	ng Shoe		
<del></del>	<del>_</del>	TIBING.	CASI	NG AND	CEMENTI	NG RECOR	D		<del></del>		
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE OIL WELL (Test must be after					he sound to or	correct top allo	mable for this	e denth or be	for full 24 hou	P3.)	
Date First New Oil Run To Tank	Date of Te		· · · · · · · · · · · · · · · · · · ·	<del></del>		ethod (Flow, pu		r'm	<u> </u>		
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure					
Actual Prod. During Test	Oil - Bbis.				Water - Bb.	nd SEP	26199	GE-MCF			
GAS WELL					COM. Die						
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate MACP DIST.			Condensate		
Testing Method (pitat, back pr.)	Tubing Pro	entre (Shu	i-in)	<del></del>	Casing Press	use (Shart-ra)		Choks Star	)		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby contily that the raise and regulations of the Oil Conservation  Division here been complied with and that the information gives above in two and complies to the best of my inserticips and belief.					OIL CONSERVATION DIVISION SEP 2 7 1990 Date Approved						
Daw C	aara					- Approve	3. ·	> d			
DAVE CORZINE PROD. SUPERVISOR Printed Name Table					SUPERVISOR DISTRICT #3						
SEPTEMBER 24, 1990 (505) 325-7527 Date Telephone No.											

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.