

C.S.		AND		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
ND OFFICE					
ANSPOATER		OIL			
		CAS			
ERATOR					
ORATION OFFICE					
ARCO Oil and Gas Company, Division of Atlantic Richfield Company					
P.O. Box 5540, Denver, Colorado 80217					
son(s) for filing (check proper box)			Other (Please explain)		
Well	☐	Change in Transporter of:			
Completion	☐	Oil	☒	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐
Change of ownership give name and 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	187	Horseshoe Gallup	State, Federal or Free	Fed.14-08-0001-8200	
Unit Letter E ; 1980 Feet From The North Line and 4470 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)		
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? When
	K	32	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)					
One Spudded	One Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Locations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Measurements				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)					
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Check Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
AS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate		
Producing Method (pilot, back pr.)	Tubing Pressure (Start-to)	Casing Pressure (Start-to)	Check 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.					
APPROVED APR 1 1982					
BY Original Signed by FRANK T. CHAVEZ					
TITLE SUPERVISOR DISTRICT					
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 all wells on new and recompleted wells.					
Fill out only Sections 1, II, III, and VI for changes of ownership, name, or number of transporter, or other such change of conditions.					