| | | | |
|---|---|---|---|
| OFFICE | | | |
| NSPORTER | OIL | | |
| | GAS | | |
| RATOR | | | |
| RATION OFFICE | | | |

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

on(s) for filing (Check proper box)

Well ☐
Completion ☐
Change in Ownership ☐

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

Other (Please explain)

ange of ownership give name
address of previous owner

## CRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Horseshoe Gallup Unit | 52 | Horseshoe Gallup | State, Federal or Fee Fed. | 14-08-0001-8200 |

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East

Line of Section 31 Township 31N Range 16W, NMPM, San Juan County

## IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ — CINIZA Pipe Line Co., Inc.
Address (Give address to which approved copy of this form is to be sent) — 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, e location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | K | 32 | 31N | 16W | | |

is production is commingled with that from any other lease or pool, give commingling order number:

## MPLETION DATA

| Designate Type of Completion – (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| e Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| | | | |
| evations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | | | |
| forations | | | Depth Casing Shoe |
| | | | |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## ST 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)

### L WELL

| ne First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
|---|---|---|
| | | |
| gth of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| ual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | | | |

APR 1 1982
OIL CON. COM.
DIST. 3

### S WELL

| ual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| ting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

## RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given ve 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 1982, 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 deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter or other such change of cond