

TRANSPORTER	OIL	
TRANSPORTER	GAS	
PRODUCER		
REGISTRATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

Reason(s) for filing (Check proper box)		Other (Please explain)	
Well Completion	☐	Change in Transportation of	
Change in Ownership	☐	Oil ☒	Dry Gas ☐
		Condensed Gas ☐	Condensate ☐

Range 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	53	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200

Unit Letter	0	660	Feet From The	South	Line and	1980	Feet From The	East
Line of Section	30	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 Condensed 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	Top	Prod.	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

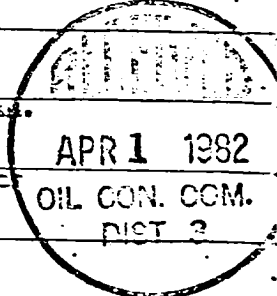
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Drill Res't.
Is Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Sections (DF, PKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Sections					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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
Prod. Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF



AS WELL

Prod. Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (PSIG-12)	Casing Pressure (PSIG-12)	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.

 K.L. Flinn (Signature) Operations Information Assistant March 24, 1982 (Date)	OIL CONSERVATION COMMISSION APPROVED <u>APR 1 1982</u> Original Signed by FRANK T. CHAVEZ BY _____ 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 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 recompleting wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transportation, or other such change of com.
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