

EXPORTER	OIL	
	GAS	
RATOR		
ATION OFFICE		

ARCO Oil and Gas Company, Division of Atlantic Richfield Company

P.O. Box 5540, Denver, Colorado 80217

ons) for filing (Check proper box)	Other (Please explain)
Well ☐	
Completion ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Change in Ownership ☐	Consolidated 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	45	Horseshoe Gallup	State, Federal or Free Fed. 14-08	0001-8200

Well Letter	M	660	Feet From The	South	Line and	660	Feet From The	West
Line of Section	29	Township	31N	Range	16W	N.M.P.W.	San Juan	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature 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
Signature of Authorized Transporter of Consolidated Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, location of tanks.	Unit	Sec.	Top	Prod.	Is gas actually connected?	When
	K	32	31N	16W		

If 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 Bottom	Some Restr.	Drill Restr.
Spud Date	Done Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Wellbore (DF, RKB, RT, CR, etc.)	Neat of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Sections			Depth Casing Shoe					

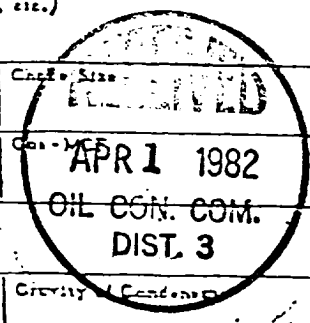
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed 100% 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	Choke Size
Level Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF



DEEP WELL

Level Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (flow, back pr.)	Tubing Pressure (Static-In)	Casing Pressure (Static-In)	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 is true and complete to the best of my knowledge and belief.

R.L. Flinn
R.L. Flinn (Signature)
Operations Information Assistant
(Title)

March 24, 1982
(Date)

OIL CONSERVATION COMMISSION

APR 1 1982

APPROVED	19
Original Signed by FRANK T. CHAMBERLAIN	
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 level 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, 2, 10, and 11 for changes of well name or number, or transporter, or other such change of conditions.