

U.S.G.S.		LAND OFFICE		TRANSPORTER		OPERATOR		PRODUCTION OFFICE	
		OIL		GAS					
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
ARCO Oil and Gas Company, Division of Atlantic Richfield Company									
P.O. Box 5540, Denver, Colorado 80217									
Reason(s) for filing (Check proper box)									
New Well		Change in Transporter of:		Other (Please explain)					
Recompletion		Oil		Dry Gas					
Change in Ownership		Casinghead Gas		Condensate					
change of ownership give name and address of previous owner									
DESCRIPTION OF WELL AND LEASE									
Lease Name		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.	
Horseshoe Gallup Unit		38		Horseshoe Gallup		State, Federal or Free Fed.14-08-		0001-8200	
Location									
Unit Letter		0		660 Feet From The		South		1980 Feet From The	
Line of Section		29		Township		31N		Range 16W	
						N.M.P.M.		San Juan	
								County	
DESIGNATION 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)					
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.		Rge.	
		K		32N		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)		Oil Well		Gas Well		New Well		Workover	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)									
Date 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			
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF			
GAS WELL									
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate			
Testing Method (pilot, back pr.)		Tubing Pressure (Start-End)		Casing Pressure (Start-End)		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 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 APR 1 1982 APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT 3 TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-									