

U.S.C.S.		AND		Effective 1-1-83	
AND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		OIL			
		GAS			
OPERATOR					
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)		Change in Transporter of:		Other (Please explain)	
New Well	☐	Oil	☒	Dry Gas	☐
Recompletion	☐	Coasthead Gas	☐	Condensate	☐
Change in Ownership	☐				
Change of ownership give name & 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	55	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-8200	
Unit Letter E; 1930 Feet From The North Line and 707 Feet From The West					
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 Coasthead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)			
Well produces oil or liquids, give 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)					
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
☒	☐	☐	☐	☐	☐
Some Restr.	Diff. Restr.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Deviation (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 (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 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 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 1, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.					