

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

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	86	Horseshoe Gallup	State, Federal or Free Fed. 14-08-	0001-820

Unit Letter C; 788 Feet From The North Line and 1868.6 Feet From The WestLine of Section 24 Township 31N Range 17W, NMPLM 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)
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Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	P	30	31N	16W		

If 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	Same Res't.	Drill Res't.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Perforations	Depth Casing Shoe
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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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 oil
able 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.)
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
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Testing Method (pilot, back pr.)	Tubing Pressure (Start-Is)	Casing Pressure (Start-Is)	Choke Size
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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
K.L. Flinn (Signature)
Operations Information Assistant

March 24, 1982
(Date)

OIL CONSERVATION COMMISSION

APR 1 1982

APPROVED _____, 19

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 deviator
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 I, II, III, and VI for changes of
well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-