NO. OF COPIES MEC	5	3	
DISTRIBUTIO			
SANTA FE	1		
FILE	1	-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
INAMSPORTER	GAS		
OPERATOR	2		
PROPATION OF	TION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

l	FILE					AND		Fuective 1-1-02		
	U.S.G.S.		<u> </u>		AUTHORIZATION TO TRAN	SPORT OIL AND NA	TURAL GA	NS .		
	LAND OFFICE									
	TRANSPORTER	OIL	1/_							
		GAS	1							
L	OPERATOR		2							
1.	PRORATION OF	FICE					 			
İ	Operator	- 14 -1-	٠. دم.	د •	G					
	Atlantic	e .cren	1110.	Ta	Company					
		3 T	n	. D	hilding 1860 Tingoln St	Danwar Color	andh 80	202		
ļ	Reason(s) for filing	Check D	OWS.	box I	Building, 1860 Lincoln St.	Other (Please e				
1	New Well	x	огорс.	00.2,	Change in Transporter of:		A.			
	Recompletion	Ħ			Oil Dry Gas					
	Change in Ownership				Casinghead Gas Condens	ate				
i	Change III Owner and						16			
	If change of owners			n e			\	\$ 0° 4		
	and address of prev	vious ow	vner_				1			
11	DESCRIPTION O	F WEL	L A	ND I	LEASE			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	Lease Name	<u>,, ,, ,, ,, , , , , , , , , , , , , , </u>			Well No. Pool Name, Including For		(ind of Lease	Federal 14-20-603-		
	Horseshoe C	Gallur	o Un	it	285 Horseshoe Gall	lup	State, Federal	cr Fee Federal 734		
	Location		· · · ·							
	Unit Letter	ıG"		26	Feet From The North Line	and 2580	Feet From T	he East		
	Ontr Better		- '				0	. To am		
	Line of Section	3 2		Tov	waship 31 North Range 16	West , NMPM,	San	Juan County		
Ш.	DESIGNATION C	OF TRA	ANSP	OR	TER OF OIL AND NATURAL GAS	S (Cinnaddanas to	which approx	ed cary of this form is to be sent)		
	Name of Authorized	Transpo	orter o	f Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent) 1215 S. Lake Ave., Farmington, New Mexico 87401				
	Shell Pipel	line (Comp	any	7	Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized	Transpo	orter o	f Cas	singhead Gas or Dry Gas	Address (title dadress to which approved cop) of this joint to to only				
						Is gas actually connected? When				
	If well produces oil	l or liquid	ds,		Unit Sec. Twp. Rge.	No No				
	give location of tan				K 32 31N 16W					
	If this production i	is comm	ingle	d wi	th that from any other lease or pool, g	rive commingling order	number:			
	COMPLETION I		_			New Well Workover	Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Ty	me of C	Comp	leti	0.1	X	1	1 1		
					Date Compl. Ready to Prod.8/19/7L	Total Depth	1	P.B.T.D.		
	Date Spudded [/2]	9/ (4 ·	Juri	L \	Edie Compi. Neddy to 1 loaio, 1971.	1294 KB		1260 KB		
	hole digger;				Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Elevations (DF, RK		GR, et	tc.,	Gallup	12261		1206.23' KB		
	5356 GR				Саттир			Depth Casing Shoe		
	Perforations	1252	•					1294'KB		
	1220.	1226" - 1252"				CEMENTING RECOR				
	HOLE SIZ				CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
					8-5/8"	146 ° GL		100 sx		
	12 -1/ L" 7 -7/ 8"				8-5/8" 5-1/2"	1294' KB		190 sx		
1/	TEST DATA AN	ND REC	DUES	T F	FOR ALLOWABLE (Test must be of	ter recovery of total volum	ne of load oil	and must be equal to or exceed top allow-		
٧.	OH WELL				able for this de	pth or be for full 24 hours Producing Method (Flow)			
	Date First New Oil	l Run To	Tank	9	Date of Test	1	, pump, gas 11)	ii, eic.)		
	10/5/74				10/6/7li - 10/7/7li Tubing Pressure	Pumping		Choke Size		
	Length of Test				Tubing Pressure	Casing Pressure				
	2l _i hrs					Water-Bble.		Gas - MCF		
	Actual Prod. Durin	ng Test			Oil-Bbis.	291 bb1		negligible		
	335 bb1 f	ruid			14 pp1					
	GAS WELL				Length of Test	Bbls. Condensate/MMCI		Gravity of Condensate		
	Actual Prod. Test	- MCF/D)		Langth of Test					
			2 1		Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
	Testing Method (p	ottot, out	in prij		1.22.1.9 . 100021 (0200 211)					
						OU	CONSERVA	ATION COMMISSION		
VI	. CERTIFICATE	OF CO	OMPI	JIAI	NCE			OCT 11 1974		
		the Oil Componision			APPROVED					
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given						Alexandra and an armold			
Commission have been complied with and that the his moved and belief. above is true and complete to the best of my knowledge and belief.				he best of my knowledge and belief.	enterpy son DIST. #3					
					BYOriginal Signal A Frold SUPERVISOR DIST. #3					
	M. A. Walther, Jp. (Signature)			11	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend					
(Cllocolor)) !					
	Mist. Prod. & Drig. Supt.					Il annua taken on the	well, this form must be accompanied by tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
						All sections of	this form micompleted	ust be inited out completely for allow-		
	10/8/7h				(iiie)	11	able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,			
						Fill out only Sections I, II, III, and VI to change of condition- well name or number, or transporter, or other such change of condition.				
(Date)					Dutt/					

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HCRSESHCE GALLUP UNIT, Well #285
Unit Ltr. "G" - 2605' f/North & 2580' f/East lines
Section 32-31N-16W
San Juan County, New Mexico

DEVIATION TESTS

1/20 @ 4501

1/2° Ø 750'

3/4° @ 9501

3/4° @ 1163'



AFFIDAVIT

This is to certify that to the best of my knowledge the above tabulation details the deviation tests taken on Atlantic Richfield Company's Horseshoe Gallup Unit, Well No. 285, located 2605' from the North line and 2580' from the East line of Section 32-31N-16W, Horseshoe Gallup Field, San Juan County, New Mexico.

W. A. Walther, Jr.

District Production & Drilling Supt.

State of Colorado)
) SS
County of Denver)

Before me, the undersigned authority, on this day personally appeared W. A. Walther, Jr., known to me to be the District Production & Drilling Superintendent for Atlantic Richfield Company, and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein, and that said statement is true and correct.

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 8th day of October, 1974.

Notary Public Theiland

My Commission Expires: /0/9/77