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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Atlantic Richfield Company		
Address P. O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Included in Seven Rivers Queen Unit eff 8/7/74, chg in lse name from J.F.Janda NCT I #6. Re-enter P&A well.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Gulf Oil Company-U.S., P. O. Box 670, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seven Rivers Queen Unit	Well No. 42	Pool Name, including Formation Langlie Mattix 7R On	Kind of Lease State, Federal or Fee State	Lease No. B-229
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>23S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg, 4th & Washington, Odessa, Texas P. O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 34	Twp. 22	Rge. 36
Is gas actually connected?	When Yes 8/12/74			

If this production is commingled with that from any other lease or pool, give commingling order number: R-663 & R-4671

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well Re-enter X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date 5/23/74 Re-entered 8/7/74	Date Compl. Ready to Prod. 8/12/74		Total Depth 3800'		P.B.T.D. 3796'			
Elevations (DF, RKB, RT, GR, etc.) 3462' GR	Name of Producing Formation Seven Rivers Queen		Top Oil/Gas Pay 3642'		Tubing Depth 3679'			
Perforations 3642-44, 3658-60, 3671-73, 3682-84, 3690-92, 3705-3707, 3719-3721 3740-42, 3748-50, 3759-61, 3774-76, 3783-85'.					Depth Casing Shoe 3800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		408'		325			
7-7/8"	5-1/2" OD		3800'		925			
	2-3/8" OD		3679'					

V. 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 8/12/74	Date of Test 8/26/74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size -
Actual Prod. During Test 28 bbls	Oil-Bbls. 12	Water-Bbls. 16	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

A. J. Bernard
(Signature)
Dist Drlg Supv.
(Title)
8/28/74
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 30 1974, 19____
BY [Signature]
TITLE Supervisor

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 deviation 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 multiply