

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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TRANSPORTER	OIL		
	GAS		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARCO Oil and Gas Company

Address P.O. Box 1610, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Seven Rivers Queen Unit</u>	Well No. <u>72</u>	Pool Name, including Formation <u>South Eunice - Adessa SR-Qu</u>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>C</u>	<u>1160</u> Feet From The <u>North</u> Line and <u>2630</u> Feet From The <u>West</u>			
Line of Section <u>34</u>	Township <u>22S</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"/> <u>Tex - New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88240</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Co. Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 728, Hobbs, NM 88240 Box 1589, Tulsa, OK 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>34</u>	Twp. <u>22</u>	Rge. <u>36</u>
Is gas actually connected?			When	
<u>Yes</u>			<u>12-1-86</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ken W. Gosnell
(Signature)
Ken W. Gosnell, Engr. Tech. Spec.
(Title)
915-688-5672 12-10-86
(Date)

OIL CONSERVATION DIVISION

DEC 15 1986

APPROVED _____, 19____
BY Orig. Signed by
Paul Kautz
TITLE Geologist

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 deviatio 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-5-86	Date Compl. Ready to Prod. 12-1-86		Total Depth 3860		P.B.T.D. 3855				
Elevations (DF, RKB, RT, CR, etc.) 3505.1 RKB	Name of Producing Formation Queen		Top Oil/Gas Pay 3668		Tubing Depth 3688				
Perforations 3668-3816							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4		8-5/8		310		200 sx			
7-7/8		5-1/2		3900		900 sx			
		2-7/8		3688					

V. 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 12-1-86	Date of Test 12-1-86	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 60	Choke Size	
Actual Prod. During Test	Oil - Bbls. 138	Water - Bbls. 121	Gas - MCF 52	

GAS WELL

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

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